

MEMORANDUM

Date:

June 18, 2014

To:

Gay Munyon, Bureau Chief, Medicaid Contract Management

From:

Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement

Subject:

Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

| 5.5.5 90 | Provider Name | Provider | Number of Rate |
|---------------------|---|---------------|----------------|
| 9 9 | | <u>Number</u> | Change Notices |
| 1. | Fountainhead Care Center | 0 005523-00 | 1 |
| 2. | Heartland of Sarasota FL, LLC | 0 010453-00 | 11 |
| 3. | Wuesthoff Progressive Care Center | 0 028602-00 | 9 |
| 4. | New Riviera Nursing and Rehabilitation Center | 0 048807-00 | 8 |
| 5. | Braden River Rehabilitation Center, LLC | 0 073324-00 | 3 |
| 6. | Alliance Community for Retirement Living | 0 202789-00 | 2 |
| 7. | Morton Plant Rehabilitation Center | 0 206431-00 | 5 |
| 8. | John Knox Village Medical Center | 0 210285-00 | 5 |
| 9. | Hardee Manor Healthcare Center | 0 211435-00 | 1 |
| 10. | Life Care Center of Hilliard | 0 214060-00 | 6 |
| 11. | Life Care Center of Port. St. Lucie | 0 217824-00 | 2 |
| 12. | Treasure Isle Care Center | 0 226602-00 | 1 |
| 13. | Belleair Health Care Center | 0 264521-00 | 15 |
| 14. | East Bay Rehabilitation Center | 0 264539-00 | 15 |
| 15. | Majestic Oaks Continuing Care Complex | 0 269000-00 | 3 |
| 16. | Palm Terrace of Lakeland | 0 282626-00 | 1 |
| 17. | Life Care Center of Orange Park | 0 284289-00 | 9 |
| 18. | Ponce Plaza Nursing & Rehab Center | 0 308251-00 | 16 |
| 19. | Ft. Lauderdale Health & Rehab Center | 0 321303-00 | 1 |
| | No. | Total | 114 |

If you have any questions regarding the above contact Thomas Parker at 412-4110.

TP/ab Attachments



| | | Single Level | Level H: AIDS | Single Level | Single Level | | |
|------------------------|--------------------------------------|-------------------------|-----------------------|--------------------------|------------------|----------------------|------------------------|
| Provider Number | Effective Date Format YYYYMMDD | Intermediate I (IN1) | Skilled AIDS (SKA) | Intermediate II (IN2) | Skilled (SKD) | MCM number | Audit Number |
| 000552300 | 20140101 | 217.34 | 0.00 | 217.34 | 217.34 | 75561-14 | |
| 001045300 | 20090710 | 211.97 | 352.32 | 211.97 | 211.97 | 75561-14 | NH12-072W |
| 001045300 | 20100101 | 213.52 | 355.44 | 213.52 | 213.52 | 75561-14 | NH12-072W |
| 001045300 | 20100701 | 215.58 | 358.92 | 215.58 | 215.58 | 75561-14 | NH12-072W |
| 001045300 | 20100710 | 215.58 | 358.92 | 215,58 | 215.58 | 75561-14 | NH12-072W |
| 001045300 | 20110101 | 219.58 | 364.44 | 219.58 | 219.58 | 75561-14 | NH12-072W |
| 001045300 | 20110701 | 211.20 | 357.40 | 211.20 | 211.20 | 75561-14 | NH12-072W |
| 001045300 | 20120101 | 213.73 | 361.34 | 213.73 | 213.73 | 75561-14 75561-14 | NH12-072W |
| 001045300 001045300 | 20120701 20130101 | 220.63 217.55 | 369.84 368.36 | 220.63 217.55 | 220.63 217.55 | 75561-14 | NH12-072W NH12-072W |
| 001045300 | 20130701 | 223.07 | 0.00 | 223.07 | 223.07 | 75561-14 | NH12-072W |
| 001045300 | 20140101 | 226.80 | 0.00 | 226.80 | 226.80 | 75561-14 | NH12-072W |
| 001043300 | 20101001 | 210.58 | 353.92 | 210.58 | 210.58 | 75561-14 | 141712-07247 |
| 002860200 | 20110101 | 212.29 | 357.15 | 212.29 | 212.29 | 75561-14 | |
| 002860200 | 20110701 | 203.09 | 349.29 | 203.09 | 203.09 | 75561-14 | |
| 002860200 | 20111001 | 203.55 | 349.75 | 203.55 | 203.55 | 75561-14 | |
| 002860200 | 20120101 | 204.35 | 351.96 | 204,35 | 204.35 | 75561-14 | |
| 002860200 | 20120701 | 211.48 | 360.69 | 211.48 | 211.48 | 75561-14 | |
| 002860200 | 20130101 | 212.85 | 363.66 | 212.85 | 212.85 | 75561-14 | , |
| 002860200 | 20130701 | 249.37 | 0.00 | 249.37 | 249.37 | 75561-14 | |
| 002860200 | 20140101 | 248.37 | 0.00 | 248.37 | 248.37 | 75561-14 | |
| 004880700 | 20120614 | 231.66 | 379.27 | 231.66 | 231.66 | 75561-14 | |
| 004880700 | 20120701 | 241.23 | 390,44 | 241.23 | 241.23 | 75561-14 | |
| 004880700 | 20130101 | 244.57 | 395.38 | 244.57 | 244.57 | 75561-14 | |
| 004880700 | 20130424 | 242.44 | 393.25 | 242.44 | 242.44 | 75561-14 | |
| 004880700 | 20130701 | 248.49 | 0.00 | 248.49 | 248.49 | 75561-14 | |
| 004880700 | 20131024 | 248.49 | 0.00 | 248.49 | 248.49 | 75561-14 | |
| 004880700 | 20131201 | 248.49 | 0.00 | 248.49 | 248.49 | 75561-14 | |
| 004880700 | 20140101 | 242.55 | 0.00 | 242.55 | 242.55 | 75561-14 | |
| 007332400 | 20130101 | 216.57 | 367.38 | 216.57 | 216.57 | 75561-14 | |
| 007332400 | 20130701 | 224.75 | 0.00 | 224.75 | 224.75 | 75561-14 | |
| 007332400 | 20140101 | 225.37 | 0.00 | 225.37 | 225.37 | 75561-14 | |
| 020278900 | 20090701 | 176.51 | 316.86 | 176.51 | 176.51 | 75561-14 | NH09-106L |
| 020278900 | 20100101 | 178.20 | 320.12 | 178.20 | 178.20 | 75561-14 | NH09-106L |
| 020643100 020643100 | 20120101 20120701 | 217.81 225.60 | 365.42 374.81 | 217.81 225.60 | 217.81 225.60 | 75561-14 75561-14 | |
| 020643100 | 20130101 | 227.40 | 378.21 | 227.40 | 227.40 | 75561-14 | <u> </u> |
| 020643100 | 20130701 | 232.87 | 0.00 | 232.87 | 232.87 | 75561-14 | |
| 020643100 | 20140101 | 228.28 | 0.00 | 228.28 | 228.28 | 75561-14 | |
| 021028500 | 20120101 | 208.36 | 355.97 | 208.36 | 208.36 | 75561-14 | |
| 021028500 | 20120701 | 214.91 | 364.12 | 214.91 | 214.91 | 75561-14 | |
| 021028500 | 20130101 | 216.46 | 367.27 | 216.46 | 216.46 | 75561-14 | |
| 021028500 | 20130701 | 221.18 | 0.00 | 221.18 | 221.18 | 75561-14 | |
| 021028500 | 20140101 | 220.09 | 0.00 | 220.09 | 220.09 | 75561-14 | |
| 021143500 | 20140101 | 190.91 | 0.00 | 190.91 | 190.91 | 75561-14 | |
| 021406000 | 20100101 | 183.57 | 325.49 | 183.57 | 183.57 | 75561-14 | NH11-148C |
| 021406000 | 20100701 | 186.99 | 330.33 | 186.99 | 186.99 | 75561-14 | NH11-148C |
| 021406000 | 20110701 | 186.70 | 332.90 | 186.70 | 186.70 | 75561-14 | NH11-148C |
| 021406000 | 20120701 | 197.73 | 346.94 | 197.73 | 197.73 | 75561-14 | NH11-148C |
| 021406000 | 20130101 | 200.01 | 350.82 | 200.01 | 200.01 | 75561-14 | NH11-148C |
| 021406000 | 20130701 | 195.81 | 0.00 | 195.81 | 195.81 | 75561-14 | NH11-148C |
| 021782400 | 20100101 | 208.11 | 350.03 | 208.11 | 208.11 | 75561-14 | NH11-147C |
| 021782400 | 20100701 | 209.82 | 353.16 | 209.82 | 209.82 | 75561-14 | NH11-147C |
| 022660200 | 20130701 | 201.98 | 0.00 | 201.98 | 201.98 | 75561-14 | NH11 1200 |
| 026452100 | 20080101 | 161.14 | 295.14 | 161.14 | 161.14 | 75561-14 | NH11-128C |
| 026452100 | 20080701 | 163.17 | 299.45 | 163.17 | 163.17 | 75561-14 | NH11-128C |
| 026452100 | 20090101 | 166.08 | 304.43 | 166.08 152.16 | 166.08 152.16 | 75561-14 | NH11-128C |
| 026452100 | 20090301 | 152.16 188.54 | 290.51 326.89 | 152.16 188.54 | 152.16 188.54 | 75561-14 75561-14 | NH11-128C NH11-128C |
| 026452100 026452100 | 20090401 | 194.20 | 320.69 | 194.20 | 194.20 | 75561-14 75561-14 | NH11-128C |
| 125 1206 25 1151 2 | 20030101 | 134.20 | 336.81 | 194.89 | 194.89 | 75561-14 | NH11-128C |

| | Effective Date | | | | | | |
|-----------|----------------|----------------|--------------|-----------------|----------------|----------|-----------|
| Provider | Format | Intermediate I | Skilled AIDS | Intermediate II | | MCM | Audit |
| Number | YYYYMMDD | (IN1) | (SKA) | (IN2) | Skilled (SKD) | number | Number |
| 026452100 | 20100701 | 206.90 | 350.24 | 206.90 | 206.90 | 75561-14 | NH11-128C |
| 026452100 | 20110101 | 209.67 | 354.53 | 209.67 | 209.67 | 75561-14 | NH11-128C |
| 026452100 | 20110701 | 202.79 | 348.99 | 202.79 | 202.79 | 75561-14 | NH11-128C |
| 026452100 | 20120101 | 199.81 | 347.42 | 199.81 | 199.81 | 75561-14 | NH11-128C |
| 026452100 | 20120701 | 210.95 | 360.16 | 210.95 | 210.95 | 75561-14 | NH11-128C |
| 026452100 | 20130101 | 214.47 | 365.28 | 214.47 | 214.47 | 75561-14 | NH11-128C |
| 026452100 | 20130701 | 220.50 | 0.00 | 220.50 | 220.50 | 75561-14 | NH11-128C |
| 026452100 | 20140101 | 215.91 | 0.00 | 215.91 | 215.91 | 75561-14 | NH11-128C |
| 026453900 | 20080101 | 167.78 | 301.78 | 167.78 | 167.78 | 75561-14 | NH11-129C |
| 026453900 | 20080701 | 170.17 | 306.45 | 170.17 | 170.17 | 75561-14 | NH11-129C |
| 026453900 | 20090101 | 175.33 | 313.68 | 175.33 | 175.33 | 75561-14 | NH11-129C |
| 026453900 | 20090301 | 160.63 | 298.98 | 160.63 | 160.63 | 75561-14 | NH11-129C |
| 026453900 | 20090401 | 198.11 | 336.46 | 198.11 | 198.11 | 75561-14 | NH11-129C |
| 026453900 | 20090701 | 202.59 | 342.94 | 202.59 | 202.59 | 75561-14 | NH11-129C |
| 026453900 | 20100101 | 202.00 | 343.92 | 202.00 | 202.00 | 75561-14 | NH11-129C |
| 026453900 | 20100701 | 210.48 | 353.82 | 210.48 | 210.48 | 75561-14 | NH11-129C |
| 026453900 | 20110101 | 213.13 | 357.99 | 213.13 | 213,13 | 75561-14 | NH11-129C |
| 026453900 | 20110701 | 202.11 | 348.31 | 202.11 | 202.11 | 75561-14 | NH11-129C |
| 026453900 | 20120101 | 204.48 | 352.09 | 204.48 | 204.48 | 75561-14 | NH11-129C |
| 026453900 | 20120701 | 217.69 | 366.90 | 217.69 | 217.69 | 75561-14 | NH11-129C |
| 026453900 | 20130101 | 220.84 | 371.65 | 220.84 | 220.84 | 75561-14 | NH11-129C |
| 026453900 | 20130701 | 226.57 | 0.00 | 226.57 | 226.57 | 75561-14 | NH11-129C |
| 026453900 | 20140101 | 220.29 | 0.00 | 220.29 | 220.29 | 75561-14 | NH11-129C |
| 026900000 | 20090401 | 189.74 | 328.09 | 189.74 | 189.74 | 75561-14 | NH07-050J |
| 026900000 | 20090701 | 191.55 | 331.90 | 191.55 | 191.55 | 75561-14 | NH07-050J |
| 026900000 | 20130101 | 200.39 | 351.20 | 200.39 | 200.39 | 75561-14 | NH07-050J |
| 028262600 | 20140101 | 214.67 | 0.00 | 214.67 | 214.67 | 75561-14 | |
| 028428900 | 20100101 | 169.51 | 311.43 | 169.51 | 169.51 | 75561-14 | NH11-146C |
| 028428900 | 20100701 | 172.14 | 315.48 | 172.14 | 172.14 | 75561-14 | NH11-146C |
| 028428900 | 20110101 | 179.11 | 323.97 | 179.11 | 179.11 | 75561-14 | NH11-146C |
| 028428900 | 20110701 | 172.82 | 319.02 | 172.82 | 172.82 | 75561-14 | NH11-146C |
| 028428900 | 20120101 | 176.26 | 323.87 | 176.26 | 176.26 | 75561-14 | NH11-146C |
| 028428900 | 20120701 | 181.31 | 330.52 | 181.31 | 181.31 | 75561-14 | NH11-146C |
| 028428900 | 20130101 | 183.36 | 334.17 | 183.36 | 183.36 | 75561-14 | NH11-146C |
| 028428900 | 20130701 | 185.24 | 0.00 | 185.24 | 185.24 | 75561-14 | NH11-146C |
| 028428900 | 20140101 | 194.40 | 0.00 | 194.40 | 194.40 | 75561-14 | NH11-146C |
| 030825100 | 20070701 | 196.03 | 327.97 | 196.03 | 196.03 | 75561-14 | NH04-100C |
| 030825100 | 20080101 | 194.10 | 328.10 | 194.10 | 194.10 | 75561-14 | NH04-100C |
| 030825100 | 20080701 | 195.83 | 332.11 | 195.83 | 195.83 | 75561-14 | NH04-100C |
| 030825100 | 20090101 | 188.98 | 327.33 | 188.98 | 188.98 | 75561-14 | NH04-100C |
| 030825100 | 20090301 | 173.13 | 311.48 | 173.13 | 173.13 | 75561-14 | NH04-100C |
| 030825100 | 20090401 | 211.89 | 350.24 | 211.89 | 211.89 | 75561-14 | NH04-100C |
| 030825100 | 20090701 | 217.95 | 358.30 | 217.95 | 217.95 | 75561-14 | NH04-100C |
| 030825100 | 20100101 | 217.32 | 359.24 | 217.32 | 217.32 | 75561-14 | NH04-100C |
| 030825100 | 20100701 | 227.98 | 371.32 | 227.98 | 227.98 | 75561-14 | NH04-100C |
| 030825100 | 20110101 | 230.89 | 375.75 | 230.89 | 230.89 | 75561-14 | NH04-100C |
| 030825100 | 20110701 | 222.54 | 368.74 | 222.54 | 222.54 | 75561-14 | NH04-100C |
| 030825100 | 20120101 | 224.50 | 372.11 | 224.50 | 224.50 | 75561-14 | NH04-100C |
| 030825100 | 20120701 | 231.65 | 380.86 | 231.65 | 231.65 | 75561-14 | NH04-100C |
| 030825100 | 20130101 | 233.22 | 384.03 | 233.22 | 233.22 | 75561-14 | NH04-100C |
| 030825100 | 20130701 | 239.48 | 0.00 | 239.48 | 239.4 <u>8</u> | 75561-14 | NH04-100C |
| 030825100 | 20140101 | 240.97 | 0.00 | 240.97 | 240.97 | 75561-14 | NH04-100C |
| 032130300 | 20140101 | 223,09 | 0.00 | 223.09 | 223.09 | 75561-14 | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| FOUNTAINHEAD CARE CENTER 390 NE 135TH ST NORTH MIAMI, FL 33161 | | | Provider Number: | • | 0 005523-00 | | |
|--|--------------------|----------------------------------|------------------|--------------------|-----------------|----------------|-----------------|
| | | Date: | | 5/6/2014 | | | |
| | | | Fiscal Year End: | | 12/31/20 | 12 | |
| | | | | Audit Status: | | Unaudite | ed |
| Provider Ty | /pe: | | | | | | |
| | | | | | Current | New | Effective |
| | | | | | Rate | Rate | Date |
| Nursing Ho | me Single | Level | | | <u>215.01</u> | <u>217.34</u> | <u>1/1/2014</u> |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | • | | | | | |
| Data | T | ٠ . | | | | | |
| Rate | Type: | _ | | | | | |
| | Interim | | X | Prospective | | | |
| | | Total Interim | | | l Prospective | , | |
| | | Interim Component | | | l Prospective v | with Interim (| Component |
| | | Settlement based on cost | | | 1 | | |
| | | Prior Provider Prospective data | | | | | |
| | | _ | | | | | |
| Basis: | | | Cha | nges: | | | |
| | | | | Rate Semes | - | | |
| | Budget | | | X IRR Grante | d Effective 1/ | 1/2014 | |
| | Unaudited co | | | | | | |
| | Field audited | | | | | | |
| | Desk audited | costs | | | | | |
| | | | | | | | |
| Was 1 . 47 | \$ | | | -20 | | | |
| Distribution | | | | | nomas Parker | | |
| | igement / Fiscal A | Agent | | Medicaid Cost Reim | bursement Pla | inning and Fi | nance |
| Permanent File | • | | | | | | |
| For In | formation Only | | | | | | |
| No Cha | ange in Rate | - | | | | | |
| Но | me Office: | Pensacola Administrative Service | s, LLC | | | | |
| | .\$ | 2 North Palafox Street | * | | | | |
| | | Pensacola, Fl 32502 | | | | | |



| Heartlamd of Sarasota FL, LLC | • | Provider Number: | 0 010453-00 |
|---|--|---|-------------------|
| 5401 Sawyer Road | | Date: | |
| Sarasota FL 34233 | ٠, | Fiscal Year End: | 12/31/2010 |
| | | Audit Status: | Field Audited [2] |
| Provider Type: Nursing Home Single Level | Current Rate 212.17 | New Rate 211.97 | Effective |
| Level H: Aids | 352.52 | 352.32 | 7/10/2009 |
| Rate Type: X Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data | Prospectiv | ve Total Prospective Prospective Adjusted to Total Prospective with | |
| Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion | Usual an Target R FRVS C X Field Au Rate Sen | re Rating Change and Customary Limitation ate limitation change hange adit NH12-072W FYE nester Change [2] as of 07/10/2009 | |
| Distribution: | - N | Thomas Parker | |
| Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate | Medicaid Cos | it Reimbursement Plani | ning and Finance |
| Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604 | | : | |



| Heartlamd of Sarasota FL, LLC | | Provider Number: | 0 010453-00 |
|--|----------------------------------|---|-------------------|
| 5401 Sawyer Road | | Date: | 5/9/2014 |
| Sarasota FL 34233 | | Fiscal Year End: | 12/31/2010 |
| · | | Audit Status: | Field Audited [2] |
| Provider Type: | Curren Rate | t New Rate | Effective Date |
| Nursing Home Single Level | 213.7 | 2 213.52 | 1/1/2010 |
| Level H: Aids | 355.64 | 4 355.44 | 1/1/2010 |
| Rate Type: X Interim Total Interim Interim Component X Settlement based on costs | Prospe | ective Total Prospective Prospective Adjusted Total Prospective witl | |
| Prior Provider Prospective data Basis: | Changes: | | |
| Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion | Usua Targe FRVS X Field | Isure Rating Change I and Customary Limitation It Rate limitation change S Change Audit NH12-072W FYF Semester Change | |
| Desk Audit - Prospective portion | | RV [2] as of 07/10/2009 | |
| <u>Distribution:</u> | 78 | Thomas Parker | |
| Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate | Medicaid (| Cost Reimbursement Plan | ning and Finance |
| Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604 | | | |



| Heartland of Sarasota FL, LLC 5401 Sawyer Road Sarasota FL 34233 | | Provider Number: Date: | 0 010453-00 5/9/2014 | |
|---|---|---|-------------------------|--|
| Salasota I L 37233 | | Fiscal Year End: | 12/31/2010 | |
| | | Audit Status: | Field Audited [2] | |
| Provider Type: Nursing Home Single Level | Current Rate 215.80 | New Rate | Effective Date 7/1/2010 | |
| Level H: Aids | 359.14 | 358.92 | 7/1/2010 | |
| Rate Type: X Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data | 1 | e Fotal Prospective Prospective Adjusted f Fotal Prospective with | | |
| Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion | Usual and Target Ra FRVS Ch X Field Auc Rate Seme | Rating Change Customary Limitation te limitation change ange lit NH12-072W FYE ester Change 2] as of 07/10/2009 | | |
| Distribution: | | Thomas Parker | | |
| Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate | Medicaid Cost | Reimbursement Plann | ing and Finance | |
| Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604 | | | | |



| Heartlamd of Sarasota FL, LLC | Provider Number: 0 010453-00 |
|---|---|
| 5401 Sawyer Road | Date: 5/9/2014 |
| Sarasota FL 34233 | Fiscal Year End: 12/31/2010 |
| | Audit Status: Field Audited [2] |
| Provider Type: Nursing Home Single Level | Current New Effective Rate Rate Date 215.80 215.58 7/10/2010 |
| Level H: Aids | 359.14 358.92 7/10/2010 |
| Rate Type: X Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data | Prospective Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component |
| Basis: | Changes: |
| Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion | Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Field Audit NH12-072W FYE 12/31/2010 Rate Semester Change On FRV [2] as of 07/10/2009 |
| Distribution: | Thomas Parker |
| Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate | Medicaid Cost Reimbursement Planning and Finance |
| Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604 | |



| Heartlamd of Sarasota FL, LLC | | | Provider Number: | 0 010453-00 | |
|--|----------|--|---|---|--|
| 5401 Sawyer Road | | | Date: | 5/9/2014 | |
| Sarasota FL 34233 | | | Fiscal Year End: | 12/31/2010 | |
| | | | Audit Status: | Field Audited [2] | |
| Provider Type: Nursing Home Single Level | ******** | Current Rate 219.80 | New Rate 219.58 | Effective Date 1/1/2011 | |
| Level H: Aids | | 364.66 | 364.44 | 1/1/2011 | |
| Rate Type: InterimTotal InterimInterim ComponentX Settlement based on costs | X | F | e Total Prospective Prospective Adjusted to Total Prospective with | | |
| Prior Provider Prospective data | | | | Tribute and the second | |
| Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: | Changes: | Usual and Target Ra FRVS Cha Field Aud Rate Seme | lit NH12-072W FYE ester Change 2] as of 07/10/2009 | | |
| Contract Management / Fiscal Agent | | 0 | Thomas Parker | | |
| Permanent File For information Only No Change in Rate | Мес | licaid Cost | Reimbursement Planr | ning and Finance | |
| Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604 | | ************************************** | | | |



| Heartland of Sarasota | FL, LLC | | | Provider Number: | 0 010453-00 |
|-----------------------|--------------------------------|----------|---|---|-------------------|
| 5401 Sawyer Road | | | | Date: | 5/9/2014 |
| Sarasota FL 34233 | | | | Fiscal Year End: | 12/31/2010 |
| | | | | Audit Status: | Field Audited [2] |
| Provider Type: | | | | | |
| | | | Current Rate | New | Effective |
| Nursing Home | Single Level | | 211.41 | Rate | Date 7/1/2011 |
| runsing frome | Single Level | · | 211.41 | <u>211.20</u> _ | //1/2011 |
| | Level H: Aids | | 357.61 | 357.40 | 7/1/2011 |
| | | | | | |
| Rate Type : | | | halosygenes (Monte) | | |
| Interim | | X | Prospective | e | |
| | otal Interim | | | Total Prospective | |
| | nterim Component | | | Prospective Adjusted | |
| | ettlement based on costs | | | Total Prospective with | Interim Component |
| P: | rior Provider Prospective data | | | | |
| Basis: | | Changes: | | | |
| | | | T : | Dating Change | |
| Budget Unaudited c | ! | | | Rating Change | _ |
| X Field audited | | 1 | | Customary Limitation te limitation change | n |
| | · interim portion | | FRVS Ch | | |
| Desk audited | | X | | dit NH12-072W FYE | 12/31/2010 |
| | Interim Portion | | | ester Change | |
| Desk Audit | - Prospective portion | | On FRV [| 2] as of 07/10/2009 | |
| Distribution: | | | 7/ | Thomas Parker | |
| Contract Manager | ment / Fiscal Agent | Med | dicaid Cost | Reimbursement Plant | ning and Finance |
| Permanent File | | | | | |
| For informa | ation Only | | | | |
| No Change | in Rate | | | | |
| Home Office: | HCR Manor Care | | *************************************** | ***** | |
| Home Office. | Julie Yoxtheimer | | | į. | |
| | 333 North Summit Street | | | t | |
| | Toledo OH 43604 | | | | |
| | | | | | |



| Heartlamd of Sarasota FL, l | LLC | | | Provider Number: | 0 010453-00 |
|--|---|--|---|--|--|
| 5401 Sawyer Road | | | Date: | 5/9/2014 | |
| Sarasota FL 34233 | | | | Fiscal Year End: | 12/31/2010 |
| | | | | Audit Status: | Field Audited [2] |
| Provider Type: | | , | Current Rate | New Rate | Effective Date |
| Nursing Home Sin | ngle Level | - | 213.93 | 213.73 | 1/1/2012 |
| Lev | vel H: Aids | | 361.54 | 361.34 | 1/1/2012 |
| X Settlem | nterim n Component nent based on costs rovider Prospective data | <u>X</u> |] | e Fotal Prospective Prospective Adjusted f Fotal Prospective with | |
| Basis: | Tovider Prospective data | Changes: | | | |
| Budget Unaudited costs X Field audited cost Field audit - inter Desk audited cost Desk audit - Inter Desk Audit - Pros | im portion s im Portion | X | Usual and Target Ra FRVS Ch Field Aud Rate Sem- | Rating Change Customary Limitation Relimitation change | |
| Distribution: | | Villalana Villal | 20 | Thomas Parker | - A 102 0004- 0008- 1-0008 10008- 1000 |
| Contract Management Permanent File For information No Change in Ra | Only | Med | dicaid Cost | Reimbursement Plann | ning and Finance |
| Home Office: | HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604 | | - 900.4.1.1. <u>- 4</u> 000.7. Ab | : | |



| Heartland of Sarasota FL, LLC | | | Provider Number: | 0 010453-00 | |
|---|----------|---|--|------------------------------------|--|
| 5401 Sawyer Road | | Date: Fiscal Year End: | | 5/9/2014 | |
| Sarasota FL 34233 | | | | 12/31/2010 | |
| | | | Audit Status: | Field Audited [2] | |
| Provider Type: Nursing Home Single Level | | Current Rate 220.84 | New Rate 220.63 | Effective Date 7/1/2012 | |
| Level H: Aids | | 370.05 | 369.84 | 7/1/2012 | |
| Rate Type: Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data | <u>X</u> | P | otal Prospective rospective Adjusted | for New Costs Interim Component | |
| Basis: | Changes: | | | | |
| Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion | X | Usual and Target Rat FRVS Cha Field Aud Rate Seme | Rating Change Customary Limitatio te limitation change ange it NH12-072W FYE ester Change as of 07/10/2009 | | |
| Distribution: | | 7/ | Thomas Parker | | |
| Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate | Med | licaid Cost | Reimbursement Plann | ning and Finance | |
| Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604 | | | : | | |



| Heartlamd of Sarasota F | | | Provider Number: | 0 010453-00 | | | |
|---------------------------------|------------------------------|--|---|---|--------------------|--|--|
| 5401 Sawyer Road | | | | Date: | 5/9/2014 | | |
| Sarasota FL 34233 | | | | Fiscal Year End: | 12/31/2011 | | |
| | | | | Audit Status: | Unaudited [3] | | |
| Provider Type: | | | | | | | |
| | | | Current | New | Effective | | |
| Nursing Home | Single Level | | Rate | Rate | Date 1/1/2013 | | |
| Nursing Home | Single Level | | 217.76 | 217.55 | 1/1/2015 | | |
| | Level H: Aids | | 368.57 | 368.36 | 1/1/2013 | | |
| | | | | · | | | |
| Rate Type: | | | | | | | |
| Interim | | X | Prospective | e | | | |
| | al Interim | | _ | Total Prospective | , | | |
| Inte | erim Component | Prospective Adjusted for New Costs | | | | | |
| Sett | tlement based on costs | | | Total Prospective with | Interim Component | | |
| Pric | or Provider Prospective data | | | | | | |
| Basis: | | Changes: | | 7000 | | | |
| Dudant | | 1 | Licensure | Rating Change | | | |
| Budget Vinaudited cos | its | | • | Customary Limitation | n | | |
| Field audited | | | | te limitation change | | | |
| Field audit - in | nterim portion | | FRVS Ch | ange | | | |
| Desk audited of Desk audit - Ir | | X | | | 72W FYE 12/31/2010 | | |
| | Prospective portion | | | ester Change 2] as of 07/10/2009 | | | |
| Distribution: | | | 7/) | Thomas Parker | | | |
| Contract Manageme | ent / Fiscal Agent | | dispid Cost | ****** | i | | |
| Permanent File | | Me | uicaid Cost | Reimbursement Plann | ing and rinance | | |
| For informati | on Only | | | | | | |
| No Change in | n Rate | | | | | | |
| Home Office: | HCR Manor Care | an deliker danan - Vertildan kananan - Kanana - Nette Amana - Vertilda | a a sum \$40 completions and a sum of the same of the s | PROFE A MANAGEMENT OF BANKSHIP AND ADDRESS. | | | |
| CAUGART VARATT. | Julie Yoxtheimer | | | | | | |
| | 333 North Summit Street | | | | | | |
| | Toledo OH 43604 | | | | | | |



| Heartlamd of Sarasota FL, LLC | | | Provider Number: | 0 010453-00 |
|--|---|---|------------------------|-------------------------|
| 5401 Sawyer Road | | | Date: | 5/9/2014 |
| Sarasota FL 34233 | ******** | | Fiscal Year End: | 12/31/2011 |
| | | | | |
| Provider Type | | | Audit Status: | Unaudited [3] |
| Provider Type: | | Current | New | Effective |
| | | Rate | Rate | Date |
| Nursing Home Single Level | | 223.28 | 223.07 | 7/1/2013 |
| | | | | |
| Rate Type: | X | Prospectiv | ve | |
| Total Interim | *************************************** | - | Total Prospective | |
| Interim Component | | | Prospective Adjusted | for New Costs |
| Settlement based on costs | | , | Total Prospective with | Interim Component |
| Prior Provider Prospective data | | | | |
| Basis: | Change | es: | mm : | |
| Budget | | Licensur | e Rating Change | |
| X Unaudited costs | | | d Customary Limitatio | n |
| Field audited costs | i | | ate limitation change | |
| Field audit - interim portion | : | FRVS C | hange | |
| Desk audited costs | X | Effects o | f Field Audit NH12-0 | 72W FYE 12/31/2010 |
| Desk audit - Interim Portion | | | nester Change | |
| Desk Audit - Prospective portion | | On FRV | [2] as of 07/10/2009 | · · · · · · · · · · · · |
| <u>Distribution:</u> | | 1 | Thomas Parker | |
| Contract Management / Fiscal Agent | | Medicaid Cost | t Reimbursement Planr | ning and Finance |
| Permanent File | | | | |
| For information Only | | | | |
| No Change in Rate | | | | |
| Home Office: HCR Manor Care | | and printed interesting and analysis of the state of the | | |
| Julie Yoxtheimer 333 North Summit Street Toledo OH 43604 | | | | |



| Heartlamd of Sarasota | FL, LLC | | | Provider Number: | 0 010453-00 |
|-----------------------|--|----------|------------------|--|--|
| 5401 Sawyer Road | | | | Date: | 5/9/2014 |
| Sarasota FL 34233 | | | Fiscal Year End: | | 12/31/2012 |
| | | | | Audit Status: | Unaudited [3] |
| Provider Type: | | | | | |
| | | (| Current | New | Effective |
| Nuncina Home | Cinala I aval | | Rate | Rate | Date |
| Nursing Home | Single Level | | 227.01 | | 1/1/2014 |
| · | | | | | |
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| Rate Type : | | | | | |
| Interim | | X | Prospectiv | ⁄e | |
| T | otal Interim | | • | Total Prospective | |
| In | terim Component | | | Prospective Adjusted f | for New Costs |
| Se | ettlement based on costs | | | Total Prospective with | Interim Component |
| Pr | ior Provider Prospective data | | | | |
| Basis: | | Changes: | T | | AND THE PROPERTY OF THE PROPER |
| | | | J | | |
| Budget | | | Licensur | e Rating Change | |
| X Unaudited co | Osts | | | d Customary Limitation | n |
| Field audited | d costs | : | - | ate limitation change | |
| | interim portion | | FRVS C | - | |
| Desk audited | l costs Interim Portion | <u>X</u> | | | 72W FYE 12/31/2010 |
| | Prospective portion | | | nester Change [2] as of 07/10/2009 | |
| Distribution: | Troopeout to postation | | | A STATE OF THE PARTY OF THE PAR | |
| | nent / Fiscal Agent | | 0 | Thomas Parker | |
| Permanent File | nent / 1 iscai Agent | Med | licaid Cos | t Reimbursement Plann | ing and Finance |
| For informa | tion Only | | | | |
| **************** | • | | | | |
| No Change | | | | | |
| Home Office: | HCR Manor Care | | | | |
| | Julie Yoxtheimer 333 North Summit Street | | | | |
| | Toledo OH 43604 | | | | |
| | 101040 011 75007 | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| WUESTHOFF PROGRESSIVE CARE CENTER 8050 SPYGLASS HILL RD | | Provider Number: | | 0 028602 | -00 | | | |
|--|------------------|------------------------------|--------------------|---------------------------------------|---------------|-------------|--|--|
| | | Date: | 5/7/2014 | | | | | |
| | | | Fiscal Year End: | | 9/30/2011 | | | |
| | | | Audit Status: | | Unaudit | ed | | |
| Provider T | Гуре: | | | | | | | |
| | •• | | | Current | New | Effective | | |
| | | | | Rate | Rate | <u>Date</u> | | |
| Nursing H | ome Sing | le Level | | 211.74 | <u>210.58</u> | 10/1/2010 | | |
| | Leve | el H: Aids | | <u>355.08</u> | <u>353.92</u> | 10/1/2010 | | |
| | | | | | | | | |
| | | | | | | | | |
| Rat | te Type: | | | | | | | |
| | Intorim | | Prospective | | | | | |
| | | Total Interim | | l Prospective | | | | |
| | | | | d Prospective v | with Interim | Component | | |
| | X | | | , , , , , , , , , , , , , , , , , , , | | | | |
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| Basis: | | | Changes: | | | | | |
| | | | Rate Semes | - | | | | |
| 37 | | | X Cost Settler | ment FYE 9/30 | 0/2011 | | | |
| <u> X</u> | | | | | | | | |
| <u> </u> | Desk audite | | | | | | | |
| | Desk dudite | | | | | | | |
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| Distributio | m· | | | | | | | |
| | agement / Fiscal | Agent | | iomas Parker | | | | |
| Permanent Fil | _ | . Tigoth | Medicaid Cost Reim | oursement Plai | nning and Fii | iance | | |
| | formation Only | • | | | | | | |
| | • | ; | | | | | | |
| | ange in Rate | | | | | | | |
| Но | ome Office: | Health Management Associates | | | | | | |
| | | 5811 Pelican Bay Blvd | | | | | | |
| | | Naples, FL 34108 | | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| 5/7/2014 9/30/2011 | | |
|-----------------------|--|--|
| | | |
| | | |
| t New | Effective | |
| Rate | Date | |
| 212.29 | 1/1/2011 | |
| <u>357.15</u> | 1/1/2011 | |
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| i : : : | 9/30/20 Unaudit New Rate 212.29 2 357.15 | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| WUESTHOFF PROGRESSIVE CARE CENTER | | Provider Number: | | 0 028602 | -00 | | |
|--|-----------------------------|--|---------------------|---------------|----------------|-------------|--|
| 8050 SPYGLASS HILL RD VIERA, FL 32940 | | | Date: | | 4 | | |
| | | | Fiscal Year End: | | 9/30/20 | 2011 | |
| | | | Audit Status: | | Unaudit | lited | |
| Provider T | ype: | | | | | | |
| | | | | Current | New | Effective | |
| | | | | Rate | Rate | <u>Date</u> | |
| Nursing Ho | ome Singl | e Level | | <u>204.15</u> | <u>203.09</u> | 7/1/2011 | |
| | Level | H: Aids | | <u>350.35</u> | <u>349.29</u> | 7/1/2011 | |
| | | | | | | | |
| Rate | e Type: | | | | | | |
| | T | - - | Duna and a state of | | | | |
| X | Interim | Total Interim | Prospective | Prospective | | | |
| | | Interim Component | | Prospective v | vith Interim (| Component | |
| | X | Settlement based on cost | | -100ptou.t | | 30mponome | |
| | | Prior Provider Prospective data | | | | | |
| Basis: | | | Changes: | | | | |
| | | | Rate Semeste | | | | |
| | Budget | | X Cost Settlem | ent FYE 9/30 | /2011 | | |
| X | Unaudited co | | • | | | | |
| | Field audited Desk audited | | | | | | |
| | ···· | | | | | | |
| <u>Distribution</u> | n: | | | omas Parker | | | |
| | gement / Fiscal . | Agent | Medicaid Cost Reimb | | ning and Fir | ance | |
| Permanent File | | | Medicala Cost Renno | | ming und 1 m | iunico | |
| For In | formation Only | | | | | | |
| | inge in Rate | | | | | | |
| Но | me Office: | Health Management Associates 5811 Pelican Bay Blvd Naples FL 34108 | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| WUESTHOF | F PROGRESS | IVE CARE CENTER | Provider Numbe | er: | 0 028602 | 2-00 | |
|--|-----------------|---------------------------------|--|--------------------|----------------|-------------|--|
| 8050 SPYGLASS HILL RD VIERA, FL 32940 | | | Date: | | 5/7/2014 | | |
| | | | Fiscal Year End: | | 9/30/2011 | | |
| | | | Audit Status: | | Unaudit | ted | |
| Provider T | ype: | | | | | | |
| | - | | | Current | New | Effective | |
| | | | | Rate | Rate | <u>Date</u> | |
| Nursing Ho | ome Sing | gle Level | | <u>204.15</u> | <u>203.55</u> | 10/1/2011 | |
| | Lev | rel H: Aids | | <u>350.35</u> | <u>349.75</u> | 10/1/2011 | |
| - | | | · | | | | |
| | | | | | | | |
| Rat | e Type: | | | | | | |
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| | Interim | Total Interim | X Prospective | otal Prospective | | | |
| | | Interim Component | ************************************** | otal Prospective v | with Interim | Component | |
| | X | Settlement based on cost | | mi i rospective | vitti Intellii | Component | |
| | | Prior Provider Prospective data | | | | | |
| Basis: | | | Changes: | | | | |
| | | · | | ester Change | | | |
| | Budget | | | lement FYE 9/30 | 0/2011 | | |
| X | Unaudited | costs | | | | 3 | |
| | Field audit | ted costs | | | | | |
| | Desk audit | red costs | | | | | |
| | | | _ | | | | |
| | | | | | | | |
| <u>Distribution</u> | | | / | Thomas Parker | | | |
| Contract Mana | agement / Fisca | al Agent | Medicaid Cost Rei | mbursement Pla | nning and Fir | nance | |
| Permanent File | e | | | | | | |
| For In | formation Only | | | | | | |
| No Cha | ange in Rate | | ÷ | | | | |
| Но | me Office: | Health Management Associates | | | | | |
| | | 5811 Pelican Bay Blvd | | | | | |
| | | Nanles FI 34108 | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| Provider Number: | | 0 028602-00 5/7/2014 | | |
|--------------------|--|---|--|--|
| Date: | | | | |
| Fiscal Year End: | | 9/30/201 | 11 | |
| Audit Status: | | Unaudited | | |
| | | | | |
| | Current Rate | New Rate | Effective <u>Date</u> | |
| | 204.47 | 204.35 | 1/1/2013 | |
| | 352.08 | <u>351,96</u> | 1/1/2012 | |
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| | Procedive | | | |
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| | Trospective | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | onipon o ne | |
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| X Cost Settlem | lent F Y E 9/30 | 7/2011 | | |
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| | omas Dankson | | | |
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| Wedlead Cost Reimo | ursement i iai | minig and i ii | iance | |
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| | Date: Fiscal Year End: Audit Status: X Prospective Total Total Changes: X Cost Settlem | Date: Fiscal Year End: Audit Status: Current Rate 204.47 352.08 X Prospective Total Prospective Total Prospective Total Prospective X Cost Settlement FYE 9/30 | Date: 5/7/201 Fiscal Year End: 9/30/20 Audit Status: Unaudit Current New Rate Rate 204.47 204.35 352.08 351.96 X Prospective Total Prospective with Interim Company Cost Settlement FYE 9/30/2011 | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| WUESTHOFF PROGRESSIVE CARE CENTER 8050 SPYGLASS HILL RD | | VE CARE CENTER | Provider Number: | | 0 028602-00 | | |
|--|------------------|---------------------------------|--|-----------------|--------------------|--------------------------|--|
| | | Date: | | 5/7/2014 | | | |
| VIERA, FL 3 | VIERA, FL 32940 | | Fiscal Year End: | | 9/30/2011 | | |
| | | | Audit Status: | | Unaudite | ed | |
| Provider T | ype: | | | | | | |
| | • • | | | Current Rate | New <u>Rate</u> | Effective <u>Date</u> | |
| Nursing Ho | ome Sing | le Level | | 211.20 | <u>211.48</u> | 7/1/2012 | |
| | Leve | el H: Aids | | <u>360,41</u> | <u>360.69</u> | 7/1/2012 | |
| | = | | | | | | |
| | | | . * | | | | |
| Rate | е Туре: | | | | | | |
| | Interim | | X Prospective | | • | | |
| | 1111011111 | Total Interim | • | l Prospective | | | |
| | | Interim Component | | l Prospective v | with Interim (| Component | |
| | X | Settlement based on cost | was to approve the party of the control of the cont | • | | • | |
| | | Prior Provider Prospective data | | | | | |
| Basis: | | . Г | Changes | | | | |
| Da515. | | | Changes: Rate Semest | er Change | | | |
| | Budget | | | nent FYE 9/30 | 0/2011 | | |
| X | Unaudited of | costs | | | | | |
| | Field audite | ed costs | | | | | |
| | Desk audite | ed costs | • | | | | |
| | | | , | | | | |
| D1-4 .9L .41 . | | | | | | | |
| Distribution | | . <u>.</u> . | | omas Parker | | | |
| | igement / Fiscal | Agent | Medicaid Cost Reiml | oursement Plan | nning and Fin | ance | |
| Permanent File | | | | | | | |
| | formation Only | | | | | | |
| No Cha | inge in Rate | | | | | | |
| Но | me Office: | Health Management Associates | | | | | |
| | | 5811 Pelican Bay Blvd | | | | | |
| | | Naples, FL 34108 | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| WUESTHOFF PROGRESSIVE CARE CENTER | | IVE CARE CENTER | Provider Number: | | 0 028602-00 | | |
|-----------------------------------|---|--|---------------------|------------------|----------------|-------------|--|
| 8050 SPYGLASS HILL RD | | | Date: | | 5/7/2014 | | |
| VIERA, FL 3 | 2940 | | Fiscal Year End: | | 9/30/2011 | | |
| | ovider Type: Irsing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Stribution: httract Management / Fiscal Agent manent File For Information Only No Change in Rate | | Audit Status: | | Unaudite | ed | |
| Provider T | ype: | | | | | | |
| · | | | · | Current | New | Effective | |
| | | | Rate I 211.89 21 | | | <u>Date</u> | |
| Nursing Ho | ome Sin | gle Level | | <u>211.89</u> | <u>212.85</u> | 1/1/2013 | |
| | Lev | vel H: Aids | | <u>362.70</u> | <u>363.66</u> | 1/1/2013 | |
| | | | | | | * | |
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| Rate | e Type: | | | | 4 | | |
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| | Interim | · | X Prospective | | | | |
| | | | | al Prospective | | | |
| | | | Tota | al Prospective v | vith Interim (| Component | |
| | <u>X</u> | ······································ | | | | | |
| | | Prior Provider Prospective data | | * | • | | |
| Basis: | \neg | | Changes: | | | | |
| |) | <u>, </u> | Rate Semes | ter Change | | | |
| | Budget | | | ment FYE 9/30 | /2011 | | |
| X | Unaudited | costs | | · | | , | |
| | | | | | | | |
| | Desk audi | ted costs | | | | | |
| | | 4 | | | | | |
| | | | \sim | | | | |
| Distribution | | _ | TI | nomas Parker | | | |
| Contract Mana | igement / Fisca | al Agent | Medicaid Cost Reim | bursement Plan | nning and Fir | ance | |
| Permanent File | 2 | | | | | | |
| For Inf | formation Only | y | | | | | |
| No Cha | inge in Rate | | | | | | |
| Ho | me Office: | Health Management Associates | | | • | | |
| | | 5811 Pelican Bay Blvd | | | | | |
| | • | Naples, FL 34108 | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| WUESTHOFF PROGRESSIVE CARE CENTER | | | Provider Number: | | 0 028602-00 5/7/2014 | | |
|--|-----------------|---------------------------------|------------------|--------------------------|-----------------------------|----------------|-------------|
| 8050 SPYGLASS HILL RD VIERA, FL 32940 | | | | Date: | | | |
| | | | Fiscal Year End: | | | 9/30/2012 | |
| | | | | Audit Status: | | Unaudit | ed |
| Provider Ty | ype: | | | | | | |
| • | • | | | | Current | New | Effective |
| | | | | | Rate | Rate | <u>Date</u> |
| Nursing Ho | me Sing | le Level | | | <u>216.27</u> | <u>249.37</u> | 7/1/2013 |
| | | | | | | | |
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| Kate | Type: | | | , | | | |
| | Interim | | X | Prospective | | | |
| | - | Total Interim | | X Total | l Prospective | | |
| | | Interim Component | | Total | l Prospective v | vith Interim (| Component |
| | | Settlement based on cost | | | | | |
| | | Prior Provider Prospective data | | | | | |
| | | | <u> </u> | | | | |
| Basis: | | | Cha | nges: | | | |
| | Budget | | | Rate Semest Retro for 7/ | er Change 13 rate semest | a r | |
| X | Unaudited | enete | | Keno for // | 13 rate semesu | VI. | |
| <u> </u> | Field audite | | | | | | |
| | Desk audite | | | | | | |
| | | | | | | | |
| | | | _ | \sim | | | |
| Distribution | <u>:</u> | | | Th | omas Parker | | |
| Contract Manag | gement / Fiscal | Agent | | Medicaid Cost Reimb | oursement Plan | ning and Fin | ance |
| Permanent File | | | | | | • | |
| For Infe | ormation Only | | | | | | |
| No Chai | nge in Rate | | | | | | |
| Hon | ne Office: | Health Management Associates | * | | | | |
| | | 5811 Pelican Bay Blvd | | | | | |
| | | Naples FL 34108 | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| WUESTHOFF PROGRESSIVE CARE CENTER | | VE CARE CENTER | Provider Number: | | | | 0 028602-00 5/7/2014 9/30/2012 | | |
|--|------------------|--|------------------------|--------------|---------|---------------|--------------------------------------|---|--|
| 8050 SPYGLASS HILL RD VIERA, FL 32940 | | | Date: Fiscal Year End: | | | | | | |
| | | | | | | | | | |
| | | | A | udit Status: | | | Unaudite | ed | |
| Provider T | vpe: | | | | | | | | |
| , | <i>,</i> 1 | | | | | Current | New | Effective | |
| | | | , | | | Rate | Rate | <u>Date</u> | |
| Nursing Ho | ome Sing | le Level | | | | 215.22 | <u>248.37</u> | 1/1/2014 | |
| | | | | | | | | | |
| • | | | | | | | | | |
| *************************************** | | | | | | | | • | |
| Rate | е Туре: | | | | | | | | |
| | Interim | | X P | rospective | | | | | |
| *************************************** | | Total Interim | | X | Total l | Prospective | | | |
| | | Interim Component | | | Total 1 | Prospective w | vith Interim (| Component | |
| | | Settlement based on cost | | | | | | | |
| | - | Prior Provider Prospective data | | | | | | | |
| Basis: | | · · · · · . [| Change | es: | | | 1 1 | 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | |
| | | , L | | | emeste | Change | | | |
| | Budget | | X | | | frate semeste | er | | |
| X | Unaudited c | osts | | | | | | | |
| | Field audite | d costs | | | | | | | |
| | Desk audite | d costs | | | | | | | |
| | | | | _ | | | | | |
| <u>Distributio</u> | <u>1:</u> | | | 9 | Tho | mas Parker | | | |
| Contract Mana | igement / Fiscal | Agent | Med | licaid Cost | Reimbu | rsement Plan | ning and Fin | ance | |
| Permanent File | • | • | | | | | | | |
| For Inf | formation Only | | | | | | | | |
| No Cha | inge in Rate | | | | | | | | |
| Ног | me Office: | Health Management Associates 5811 Pelican Bay Blvd | | | | | | | |
| | | Naples, FL 34108 | | | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| NEW RIVIER. | RIVIERA NURSING AND REHABILITATION CENTER Provider Number: 0 048807 | | | 0 048807 | -00 | |
|--|---|---------------------------------|--------------------|-------------------------|---------------|-------------|
| 6901 YUMURI STREET CORAL GABLES, FL 33146 | | Date: | | 6/12/2014 11/30/2013 | | |
| | | Fiscal Year End: | | | | |
| | | | Audit Status: | | Unaudit | ed |
| Provider Ty | pe: | | | | | |
| • | | | | Current | New | Effective |
| | | | | Rate | Rate | <u>Date</u> |
| Nursing Ho | me Single | e Level | | <u>239.36</u> | <u>231.66</u> | 6/14/2012 |
| Level H: Aids | | | | <u>386.97</u> | <u>379.27</u> | 6/14/2012 |
| | | | | | | |
| Rate | Type: | | | | | |
| x | Interim | | Prospective | | | |
| | - | Total Interim | | al Prospective | | |
| | | Interim Component | Tot | al Prospective | with Interim | Component |
| | X | Settlement based on cost | | | | |
| | | Prior Provider Prospective data | | | | |
| Basis: | | | Changes: | | | |
| | | | | ster Change | | |
| | Budget | | X Cost Settle | ement FYE 11/ | 30/2013 | |
| X | Unaudited co | | | | | |
| *************************************** | Field audited | | | | | |
| | Desk audited | 1 costs | | | | |
| Distribution | <u>1:</u> | | | homas Parkei | | |
| Contract Mana | gement / Fiscal . | Agent | Medicaid Cost Rein | | | nance |
| Permanent File | - | | Trouble Control | | | |
| | Formation Only | | | | | |
| No Cha | nge in Rate | | | | | |
| Но | me Office: | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| NEW RIVIERA NURSING AND REHABILITATION CENTER | | Provider Number: | | 0 048807- | .00 | | |
|---|--------------------------|---------------------------------|---|---------------|----------------|-------------|--|
| 6901 YUMURI STREET | | Date: | *************************************** | 6/12/201 | 4 | | |
| CORAL GAB | LES, FL 33146 | | Fiscal Year End: | - | 11/30/2013 | | |
| | | | Audit Status: | | Unaudite | ed | |
| Provider T | ype: | | | | | | |
| • | . 1 | | | Current | New | Effective | |
| | | | | Rate | Rate | <u>Date</u> | |
| Nursing Ho | ome Singl | e Level | | <u>249.09</u> | 241.23 | 7/1/2012 | |
| Level H: Aids | | | <u>398.30</u> | <u>390.44</u> | 7/1/2012 | | |
| | | | | | | | |
| | | | | | | | |
| Rate | е Туре: | | | | | | |
| X | Interim | | Prospective | | | | |
| | | Total Interim | Tota | l Prospective | | | |
| | | Interim Component | Tota | l Prospective | with Interim (| Component | |
| | X | Settlement based on cost | | | | | |
| | | Prior Provider Prospective data | | | | | |
| Basis: | | | Changes: | | | | |
| | | | Rate Semes | | | | |
| | Budget | | X Cost Settler | ment FYE 11/3 | 30/2013 | | |
| X | Unaudited c Field audite | | | | | | |
| | Desk audited | | | | | | |
| <u> </u> | | u 0000 | | | | | |
| Distribution | <u>n:</u> | | | homas Parker | | | |
| Contract Mana | agement / Fiscal | Agent | Medicaid Cost Reim | | | nance | |
| Permanent File | e | | <u></u> | | Q | | |
| For In | formation Only | | | | | | |
| | ange in Rate | | | | | | |
| Но | me Office: | | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| NEW RIVIERA NURSING AND REHABILITATION CENTER | | Provider Number: | | 0 048807-00 | | |
|---|---------------------------------|---|-----------------|---------------|-------------|--|
| 6901 YUMUF | RI STREET | Date: | | 6/12/2014 | | |
| CORAL GAB | LES, FL 33146 | Fiscal Year End: | | 11/30/20 | 13 | |
| | | Audit Status: | | Unaudite | ed | |
| Provider T | ype: | | | | | |
| | • | | Current | New | Effective | |
| | | | Rate | Rate | <u>Date</u> | |
| Nursing Ho | ome Single Level | | <u>250.77</u> | <u>244.57</u> | 1/1/2013 | |
| | Level H: Aids | | <u>401.58</u> | <u>395.38</u> | 1/1/2013 | |
| Rate | e Type: | | | | | |
| X | Interim | Prospective | | | | |
| | Total Interim | | l Prospective | | | |
| | Interim Component | ····· | I Prospective v | with Interim | Component | |
| | X Settlement based on cost | | | | | |
| | Prior Provider Prospective data | | | | | |
| Basis: | | Changes: | tor Changa | | | |
| | Budget | *************************************** | nent FYE 11/3 | 30/2013 | | |
| X | Unaudited costs | | | | | |
| | Field audited costs | | | | | |
| | Desk audited costs | | | | | |
| | | - 0 | | | | |
| Distribution | <u>n:</u> | | iomas Parker | | | |
| Contract Mana | agement / Fiscal Agent | Medicaid Cost Reim | | | nance | |
| Permanent File | e | | | Ü | | |
| For In | formation Only | | • | | | |
| No Ch | ange in Rate | | | | | |
| Не | ome Office: | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| NEW RIVIERA NURSING AND REHABILITATION CENTER | | Provider Number: | | 0 048807-00 6/12/2014 | | | |
|---|--|--|--|-----------------------------------|-------------------------------------|-----------|--|
| 6901 YUMURI STREET | | | Date: | | | | |
| CORAL GAB | LES, FL 33146 | | Fiscal Year End: | | 11/30/2013 | | |
| | | | Audit Status: | - | Unaudit | ed | |
| Provider T | - | le Level | | Current <u>Rate</u> 250.77 | New <u>Rate</u> 242.44 | Effective | |
| | Leve | l H: Aids | | <u>401.58</u> | <u>393,25</u> | 4/24/2013 | |
| | | | | | | | |
| Rate | е Туре: | | | | | | |
| X | Interim | Total Interim | Prospective Tot | al Prospective | | | |
| | X | Interim Component Settlement based on cost Prior Provider Prospective data | Tot | al Prospective | with Interim | Component | |
| Basis: | Budget | | The state of the s | ster Change ement FYE 11/2 | 30/2013 | | |
| X | Unaudited of Field audite Desk audite | d costs | | | | | |
| Distributio Contract Man | n: agement / Fiscal | Agent | Medicaid Cost Rein | homas Parker | | inance | |
| Permanent Fil | _ | | Medicald Cost Rein | nouisement fiz | ummig and Fi | mance | |
| | formation Only | | | • | | | |
| | ange in Rate | | | | | | |
| | ome Office: | | | | | | |
| п | mie Ounce. | | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| NEW RIVIER | RA NURSING A | ND REHABILITATION CENTER | Provider Numbe | r: | 0 048807-00 | | |
|--------------------|------------------|---------------------------------|---|------------------|-------------------------|-----------------|--|
| 6901 YUMURI STREET | | Date: | Date: 6/12/2014 | | | | |
| CORAL GAE | BLES, FL 33146 | | Fiscal Year End: | | 11/30/2013 Unaudited | | |
| | | | Audit Status: | | | | |
| Provider T | vpe: | | | | | | |
| | | | | Current | New | Effective | |
| | | | | Rate | Rate | <u>Date</u> | |
| Nursing Ho | ome Single | e Level | | <u>252.61</u> | <u>248.49</u> | <u>7/1/2013</u> | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Dot | o Tunos | | | | | | |
| Kai | e Type: | | | • | | | |
| X | Interim | | Prospective | | | | |
| | | Total Interim | | otal Prospective | | | |
| | | Interim Component | To | otal Prospective | with Interim (| Component | |
| | X | Settlement based on cost | ····· | | | | |
| | | Prior Provider Prospective data | | | | | |
| Basis: | | | Changes: | | | | |
| | | | | ester Change | | | |
| | Budget | | *************************************** | tlement FYE 11/ | 30/2013 | | |
| X | Unaudited c | osts | | | | | |
| | Field audited | d costs | | | | | |
| | Desk audited | d costs | | | | | |
| | | | | | | | |
| | | | \sim | | | | |
| Distributio | <u>n:</u> | | · 170/ | Thomas Parker | • | | |
| Contract Man | agement / Fiscal | Agent | Medicaid Cost Re | imbursement Pla | nning and Fi | nance | |
| Permanent Fil | le | | | | | | |
| For In | formation Only | | | | | | |
| No Ch | ange in Rate | ч | | | | | |
| На | ome Office: | | | | | | |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| NEW RIVIERA NURSING AND REHABILITATION CENTER | | | | |
|---|---|---------------|----------------|-------------|
| 6901 YUMURI STREET | Provider Number: | | 0 048807 | |
| CORAL GABLES, FL 33146 | Date: Fiscal Year End: | | 6/12/20 | |
| | | 11/30/2013 | | |
| | Audit Status: | | Unaudi | ted |
| Provider Type: | | | | |
| | | Current | New | Effective |
| | | Rate | Rate | <u>Date</u> |
| Nursing Home Single Level | | <u>252.61</u> | <u>248.49</u> | 10/24/2013 |
| | | | | |
| | | | | |
| | | | T. | |
| | | | | |
| | | | | |
| Rate Type: | | | | |
| | | | | |
| XInterim Total Interim | Prospective Total Pr | ospective | | |
| Interim Component | *************************************** | - | ith Interim Co | omponent |
| X Settlement based on cost | | oopeen . | tur mornii e | omponen |
| Prior Provider Prospective data | | | | |
| | | | | |
| Basis: | Changes: Rate Semester C | Thomas | | |
| Budget | X Cost Settlemer | | 0/2013 | |
| | | | 0,2010 | |
| X Unaudited costs | | | | |
| Field audited costs Desk audited costs | | | | |
| Desir dudited costs | | | | |
| Th | | | | |
| Distribution: | | | | |
| | - 0 | | | |
| G M | The | mas Parke | er | |
| Contract Management / Fiscal Agent | Medicaid Cost Reimb | ursement Pl | anning and Fi | inance |
| Permanent File | Medicala Cost Reimo | arsoninelli i | manne and i | mario v |
| | | | | |
| For Information Only | | | | |
| No Change in Rate | | | | |
| Home Office: | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| NEW RIVIER | A NURSING A | ND REHABILITATION CENTER | | Provider Number: | | -00 | | |
|--------------------|------------------|---|-----------------------------|---|---------------|-------------------------|-------------|--|
| 6901 YUMURI STREET | | | Date: | 6/12/2014 | | | | |
| CORAL GAB | LES, FL 33146 | | | Fiscal Year End: | | 11/30/2013 Unaudited | | |
| | | ' | | Audit Status: | | | | |
| Provider T | vpe: | | | | | | | |
| • | , 1 | | | | Current | New | Effective | |
| | | | | | Rate | Rate | <u>Date</u> | |
| Nursing Ho | me Singl | e Level | <u>252.61</u> <u>248.49</u> | | | 12/1/2013 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | • | | | | | | | |
| | | | | | | | | |
| | T | \neg | | | | | | |
| Rate | Type: | | | | | | | |
| | Interim | | X | Prospective | | | | |
| | | Total Interim | | | l Prospective | | | |
| | #111111 WWW. | Interim Component | | | l Prospective | with Interim | Component | |
| | X | Settlement based on cost | | *************************************** | 1 | | 1 | |
| | | Prior Provider Prospective data | | | | | | |
| | | MANAGEMENT AND ADMINISTRATION OF THE PROPERTY | r | | * | | | |
| Basis: | | | Cha | inges: | | | | |
| | | | | Rate Semes | _ | | | |
| | Budget | | | X Cost Settler | ment FYE 11/. | 30/2013 | | |
| X | Unaudited o | | | | | | | |
| | Field audited | | | | | | | |
| | Desk audited | 1 COSIS | | | | | | |
| | | | | | | | | |
| Distribution | n• | | | $\sim \sim \sim$ | | | | |
| | igement / Fiscal | Agent | | | nomas Parker | | | |
| Permanent File | | rigent | | Medicaid Cost Reim | bursement Pla | inning and Fi | nance | |
| | | | | | | | | |
| | formation Only | | | | v | | | |
| No Cha | ange in Rate | | | | | | | |
| Но | me Office: | | | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| NEW RIVIERA NURSING AND REHABILITATION CENTER | | | | Provider Number: | | 0 048807-00 | | |
|---|------------------|---------------------------------|------------------|--------------------|---------------|--------------------|--------------------------|--|
| 6901 YUMURI STREET | | | Date: | | 6/12/2014 | | | |
| CORAL GABLES, FL 33146 | | | Fiscal Year End: | | 11/30/20 | 13 | | |
| | | | | Audit Status: | | Unaudite | ed | |
| Provider T | ype: | | | | | | | |
| | | | | | Current Rate | New <u>Rate</u> | Effective <u>Date</u> | |
| Nursing Ho | ome Single | e Level | | | <u>241.10</u> | <u>242.55</u> | 1/1/2014 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Rate | e Type: | | | | | | | |
| | Interim | | X | Prospective | | | | |
| | - | Total Interim | <u></u> | | Prospective | | | |
| | | Interim Component | | Total | Prospective v | with Interim (| Component | |
| | X | Settlement based on cost | | | | | | |
| | - | Prior Provider Prospective data | | | | | | |
| Basis: | | | Cha | inges: | | | | |
| | | | | Rate Semest | er Change | | | |
| | Budget | | | X Cost Settlen | nent FYE 11/3 | 30/2013 | | |
| X | Unaudited co | | | | | | | |
| - | Field audited | | | | | | | |
| | Desk audited | 1 costs | | | | | | |
| | | | 1 | \sim | | | | |
| Distribution | | | | 1 7 Th | omas Parker | | | |
| Contract Mana | agement / Fiscal | Agent | • | Medicaid Cost Reim | bursement Pla | nning and Fi | nance | |
| Permanent File | e | | | | | | | |
| For In | formation Only | | | | | | | |
| No Ch | ange in Rate | | | | | | | |
| Но | ome Office: | | | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| BRADEN RIVER REHABILITATION CENTER, LLC | | Provider Number: | | 0 073324-00 | | | |
|---|-----------------------------|---------------------------------|--------------------|-----------------|----------------|-------------|--|
| 2010 MANA | TEE AVE E | | Date: | | 5/5/2014 | | |
| BRADENTO | N, FL 34208 | | Fiscal Year End: | | 6/30/201 | 3 | |
| | | | Audit Status: | | Unaudite | ed | |
| Provider T | ype: | | | | | | |
| | | | | Current | New | Effective | |
| | | | | Rate | <u>Rate</u> | <u>Date</u> | |
| Nursing H | ome Singl | le Level | | <u>217.33</u> | <u>216.57</u> | 1/1/2013 | |
| Level H: Aids | | | | <u>368.14</u> | <u>367.38</u> | 1/1/2013 | |
| | | | | | | | |
| Rat | е Туре: | | | | | | |
| X | Interim | | Prospective | | | | |
| | | Total Interim | Tota | l Prospective | | | |
| | | Interim Component | Tota | l Prospective v | with Interim (| Component | |
| | X | Settlement based on cost | | | | | |
| | | Prior Provider Prospective data | | | | | |
| Basis: | | | Changes: | | | | |
| | | | Rate Semes | | | | |
| | Budget | | X Cost Settler | nent FYE 6/30 | 0/2013 | | |
| <u>X</u> | Unaudited c Field audite | | | | | | |
| | Desk audite | | | | | | |
| | Desk addite | u costs | | | | | |
| Distributio | <u>n:</u> | | 78 T | iomas Parker | | | |
| Contract Man | agement / Fiscal | Agent | Medicaid Cost Reim | | | nance | |
| Permanent Fil | le | | | | J | | |
| For In | nformation Only | | | | | | |
| | ange in Rate | | | | | | |
| Н | ome Office: | Southern HealthCare Management | , LLC | | | | |
| | | 5887 Glenridge Drive, Suite 150 | | | | | |
| | | Atlanta, GA 30328 | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| BRADEN RIVER REHABILITATION CENTER, LLC | | Pr | ovider Number: | | 0 073324-00 5/5/2014 | | | |
|---|------------------|---------------------------------|----------------|-------------------|-------------------------|----------------|-----------------|--|
| 2010 MANATEE AVE E | | | Da | ate: | | | | |
| BRADENTON | N, FL 34208 | | Fi | Fiscal Year End: | | 6/30/2013 | | |
| | | | Αι | ıdit Status: | | Unaudite | d | |
| Provider Ty | vpe: | | | | | | | |
| • | / F | | | | Current | New | Effective | |
| | | | | | Rate | <u>Rate</u> | <u>Date</u> | |
| Nursing Ho | ome Singl | e Level | | | <u>222.96</u> | <u>224.75</u> | <u>7/1/2013</u> | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Rate | e Type: | | | | | | , | |
| | Interim | | XP | Prospective | | | | |
| | | Total Interim | · <u>-</u> | | Prospective | | | |
| | | Interim Component | | Total | Prospective v | with Interim (| Component | |
| | X | Settlement based on cost | | | | | | |
| | | Prior Provider Prospective data | | | | | | |
| Basis: | | | Change | es: | | | | |
| 174313. | | | Change | Rate Semest | er Change | * | | |
| | Budget | | X | | nent FYE 6/30 |)/2013 | | |
| X | Unaudited c | osts | | , | | | | |
| | Field audited | d costs | | | | | | |
| | Desk audited | d costs | | | | | | |
| | | | | | | | | |
| | | | | . 0 | | | | |
| Distribution | <u>n:</u> | | | 77/ Th | omas Parker | | | |
| Contract Mana | igement / Fiscal | Agent | Me | dicaid Cost Reiml | bursement Pla | nning and Fi | nance | |
| Permanent File | e | | | | | | | |
| For In | formation Only | | | | | | | |
| No Cha | ange in Rate | | | | | | | |
| Но | me Office: | Southern HealthCare Managemen | t, LLC | | | | | |
| | | 5887 Glenridge Drive, Suite 150 | | | | | | |
| | | Atlanta, GA 30328 | | | | | | |

W9C2Y

Report Calculated: 5/5/2014 12:47:26 PM

Report Printed: 5/5/2014

ID: 073324063020130101201303102014152651



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| BRADEN RIV | ER REHABILI | TATION CENTER, LLC | | Provider Number: | er: 0 073324- | | 00 | |
|---------------------|-----------------|---------------------------------|---|--------------------|------------------------|----------------|--------------------------|--|
| 2010 MANATEE AVE E | | Date: | | | 5/5/2014 | | | |
| BRADENTON | N, FL 34208 | | | Fiscal Year End: | | 6/30/2013 | | |
| | | | | Audit Status: | | Unaudited | | |
| Provider Ty | ype: | | | | Current <u>Rate</u> | New Pate | Effective <u>Date</u> | |
| Nursing Ho | ma Sinal | e Level | | | 223.76 | Rate 225.37 | 1/1/2014 | |
| nursing m | me singi | e Level | | | 223.76 | <u> </u> | 1/1/2014 | |
| | | | | | | | | |
| | | | | | | | | |
| | | · | | | | | | |
| Rate | Type: | | | | | | | |
| | Interim | | X | Prospective | | | | |
| | | Total Interim | 1 | Tota | I Prospective | | | |
| | | Interim Component | | Tota | l Prospective v | vith Interim (| Component | |
| | X | Settlement based on cost | | | | | | |
| | | Prior Provider Prospective data | | | | | | |
| Basis: | | | Cha | nges: | | | | |
| | | | | Rate Semes | ter Change | | | |
| | Budget | | *************************************** | X Cost Settler | ment FYE 6/30 | 0/2013 | | |
| X | Unaudited c | osts | | | | | • | |
| | Field audited | | | | | | | |
| | Desk audited | d costs | | | | | | |
| | | | | ~ 0 | | | | |
| Distribution | <u>1:</u> | | • | TI | ıomas Parker | | | |
| Contract Mana | gement / Fiscal | Agent | | Medicaid Cost Reim | | | nance | |
| Permanent File | : | | | | | | | |
| For Inf | formation Only | | | | | | | |
| No Cha | inge in Rate | | | | | | | |
| Но | me Office: | Southern HealthCare Management | t, LLC | | | | | |
| | | 5887 Glenridge Drive, Suite 150 | | | | | | |
| | | Atlanta, GA 30328 | | | | | | |



| <u>A</u> | lliance Community for Retirement Living | | | Provider Number: | 0 202789-00 |
|----------|--|--|------------|--------------------------------------|---|
| 13 | 0 West Armstrong Avenue | | | Date: | 4/10/2014 |
| De | eland FL 32720 | | | Fiscal Year End: | 6/30/2008 |
| | | | | Audit Status: | Field Audited [2] |
| P | rovider Type: | | | | |
| | | (| Current | New | Effective |
| B.T | | | Rate | Rate | Date |
| N | ursing Home Single Level | | 181.27 | <u> 176.51</u> _ | 7/1/2009 |
| | Level H: Aids | | 321.62 | 316.86 | 7/1/2009 |
| | | | | | - |
| | | | | | |
| - | Rate Type : | ************************************** | | | |
| i | Interim | X | Prospectiv | re | |
| i | Total Interim | - A 78 | _ | Total Prospective | |
| ļ., | Interim Component | | | Prospective Adjusted f | or New Costs |
| | Settlement based on costs | | | Total Prospective with | |
| į | Prior Provider Prospective data | | | | |
| | Basis: | Changes: | • | 4 | 210 M. J. |
| | Budget | | Licensure | Rating Change | |
| | Unaudited costs | | | d Customary Limitation | <u> </u> |
| | X Field audited costs | | | ite limitation change | |
| | Field audit - interim portion | 1 | FRVS Ch | ange | |
| | Desk audited costs | X | | dit #NH09-106L FYE | 6/30/2008 |
| _ | Desk audit - Interim Portion Desk Audit - Prospective portion | | | ester Change [2] as of 10/01/1985 | |
| | Distribution: | · part of the later of the late | | | - 444444 |
| | Contract Management / Fiscal Agent | | 10- | Thomas Parker | |
| | Permanent File | Med | icaid Cost | Reimbursement Planni | ng and Finance |
| | For information Only | | | | |
| | No Change in Rate | | | | |
| | | | | | |
| | Home Office: 1 - No Home Office | | | | |
| | • | | | • | |
| | | | | | |
| | | | | | |



| Alliance Community for | | | Provider Number: | 0 202789-00 | |
|-----------------------------------|---------------------------------------|----------|---|---|-------------------------|
| 130 West Armstrong Av | /enue | - - | | Date: | 4/10/2014 |
| Deland FL 32720 | | <u> </u> | | Fiscal Year End: | 6/30/2008 |
| | | | | Audit Status: | Field Audited [2] |
| Provider Type: Nursing Home | Single Level | | Current Rate 183.00 | New Rate | Effective Date 1/1/2010 |
| ruising nome | Single Level | | 103.00 | <u> 178.20</u> | 1/1/2010 |
| | Level H: Aids | | 324.92 | 320.12 | 1/1/2010 |
| | | | | | |
| Rate Type : | · · · · · · · · · · · · · · · · · · · | | , T T T T T T T T T T T T T T T T T T T | | |
| Interim | | X | Prospective |) | |
| Tot | al Interim | | <u>X</u> 7 | Total Prospective | |
| | rim Cômponent | | | Prospective Adjusted for | |
| - | lement based on costs | | 7 | Cotal Prospective with | Interim Component |
| Prio | r Provider Prospective data | | | | |
| Basis: | | Changes: | | | |
| | | : | | | |
| Budget | • | i | | Rating Change | |
| Unaudited cost X Field audited c | | | | Customary Limitation te limitation change | |
| Field audit - in | ı | | FRVS Cha | - | |
| Desk audited c | - | X | | it #NH09-106L FYE | 6/30/2008 |
| Desk audit - In | · · | | | ster Change | |
| Desk Audit - P | rospective portion | | On FRV [2 | 2] as of 10/01/1985 | |
| Distribution: | | 7 | D' | Thomas Parker | |
| Contract Manageme | nt / Fiscal Agent | Med | icaid Cost | Reimbursement Planni | ng and Finance |
| Permanent File | | | | | |
| For information | • | | | | |
| No Change in | Rate | | | | |
| Home Office: | 1 - No Home Office | | aryanasar s sa | 3 | |
| | ; : | | | | |
| | • | | | | |
| | | | | İ | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| MORTON PLA | ANT REHABIL | ITATION CENTER | | Provider Number: | | 0 206431 | -00 |
|---------------|------------------|---------------------------------|---|------------------|--|-----------------|-------------|
| 400 CORBET | ГST | | | Date: | ************************************** | 5/28/20 | 14 |
| BELLEAIR, F | L 33756 | | Date: 5/28/2014 Fiscal Year End: 12/31/2010 Audit Status: Unaudited Current New Rate Rate Rate 218.14 217.81 365.75 365.42 X Prospective X Total Prospective with Interim Concost ospective data Changes: Rate Semester Change X Retro FYE 12/31/2010 | 010 | | | |
| | | | | Audit Status: | | Unaudit | ed |
| Provider Ty | ype: | | | | | | |
| • | • | | | | | | Effective |
| | | | | | <u>Rate</u> | | <u>Date</u> |
| Nursing Ho | me Single | e Level | Date: 5/28/2014 Fiscal Year End: 12/31/2010 Audit Status: Unaudited Current New Effer Rate Rate Date 1/11/2 218.14 217.81 1/11/2 365.75 365.42 1/11/2 X Prospective X Total Prospective with Interim Composition Total Prospective with Interim Composition Rate Semester Change Rate Semester Change X Retro FYE 12/31/2010 | | | <u>1/1/2012</u> | |
| | Level | H: Aids | | | <u>365.75</u> | 365.42 | 1/1/2012 |
| | | | | | | | |
| Rate | е Туре: | | | | | | |
| | Interim | | Y | Prospective | | | |
| | | Total Interim | | | al Prospective | | |
| | | Interim Component | | | - | | Component |
| | | Settlement based on cost | | | • | | • |
| | | Prior Provider Prospective data | | | | | |
| Basis: | | | Cha | inges: | | | |
| | | | | | _ | | |
| - | Budget | | | X Retro FYE | 12/31/2010 | | |
| X | Unaudited c | | | | | | |
| | Field audited | | | | | | |
| | Desk audited | d costs | | | | | |
| Distributio | <u>n:</u> | | | Т | homas Parke | er | |
| Contract Mana | agement / Fiscal | Agent | *************************************** | | | | inance |
| Permanent Fil | e | | | - 7 | | | |
| For In | formation Only | | سب | | 1 | | |
| | ange in Rate | | | | - 0 | — | |
| Но | ome Office: | Baycare Health System | | | | | |
| | | 2985 Drew Street | | | | | |
| | | Clearwater, FL 33759 | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| MORTON PLA | ANT REHABIL | ITATION CENTER | | Provider Number: | 0 206431-00 | | |
|--|------------------------|---------------------------------|--|-------------------|----------------|---------------|-------------|
| 400 CORBETT | r st | | | Date: | | 5/28/20 | 14 |
| MORTON PLANT REHABILITATION CENTER 400 CORBETT ST BELLEAIR, FL 33756 Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: | | | Fiscal Year End: | | 12/31/2010 | | |
| | | | | Audit Status: | | Unaudit | ed |
| Provider Ty | /pe: | | | | | | |
| J | • | | | | Current | New | Effective |
| | | | | | Rate | Rate | <u>Date</u> |
| Nursing Ho | me Single | e Level | Date: 5/28/2014 Fiscal Year End: 12/31/201 Audit Status: Unaudite Current New Rate Rate 226.01 225.60 375.22 374.81 X Prospective X Total Prospective with Interim Controls Total Prospectiv | 7/1/2012 | | | |
| | Level | H: Aids | | | <u>375.22</u> | <u>374.81</u> | 7/1/2012 |
| | | | | | | | |
| Rate | туре: | | | | • | | |
| | Interim | | X | Prospective | | | |
| | _ | Total Interim | | | al Prospective | | |
| | | Interim Component | | Tot | al Prospective | with Interim | Component |
| | | Settlement based on cost | | | | | |
| | | Prior Provider Prospective data | | | | | |
| Basis: | \neg | | Cha | inges: | | | |
| | | | | | ster Change | | |
| | Budget | | | X Retro FYI | E 12/31/2010 | | |
| X | Unaudited c | | | | | | |
| | Field audited | | | | | | |
| | Desk audited | d costs | | | | | |
| Distribution | | | | | | | |
| | u: agement / Fiscal | Agant | | | | | |
| | _ | Agent | | Medicaid Cost Ren | mbursement P | lanning and F | inance |
| Permanent File | | | - | 70 | | | |
| | formation Only | | | | - OC | ~ | |
| No Ch | ange in Rate | | | | | | |
| Но | ome Office: | Baycare Health System | | | | | |
| | | 2985 Drew Street | | | | | |
| | | Clearwater FI 33759 | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| MORTON PLANT REHABILITATION CENTER | | P | rovider Number: | 0 206431-00 | | | |
|---|------------------|---------------------------------|--|---------------|----------------|---------------|-----------|
| 400 CORBET | T ST | | | Pate: | | 5/28/20 | 14 |
| ### Provider Type: Nursing Home Single Level Level H: Aids Rate Type: | | F | iscal Year End: | | 12/31/20 | 10 | |
| | | | A | audit Status: | | Unaudit | ed |
| Provider Ty | ype: | | | | | | |
| • | • | | | | Current | New | Effective |
| | | | Date: 5/28/2014 Fiscal Year End: 12/31/2016 Audit Status: Unaudited Current New Rate Rate Rate 227.80 227.40 378.61 378.21 Total Prospective Total Prospective with Interim Conjugary Prospective data Changes: Rate Semester Change X Retro FYE 12/31/2010 Thomas Parker Medicaid Cost Reimbursement Planning and Fin Medicaid Cost Reimbursement Planning And Planning And Planning P | <u>Date</u> | | | |
| Nursing Ho | me Single | e Level | Date: 5/28/2014 Fiscal Year End: 12/31/2010 Audit Status: Unaudited Current New Effet Rate Rate Da 227.80 227.40 1/1/2 378.61 378.21 1/1/2 X Prospective X Total Prospective with Interim Compose are data Changes: Rate Semester Change X Retro FYE 12/31/2010 Thomas Parker Medicaid Cost Reimbursement Planning and Finance | | | 1/1/2013 | |
| | Level | H: Aids | | | <u>378.61</u> | <u>378.21</u> | 1/1/2013 |
| | | | | | | | |
| Rate | e Type: | | | | | | |
| | Interim | | X | Prospective | | | |
| | | Total Interim | | - | al Prospective | | |
| | | Interim Component | , | Tota | al Prospective | with Interim | Component |
| | | Settlement based on cost | | | | | |
| | | Prior Provider Prospective data | | | • | | |
| Basis: | | | Chans | es: | | | |
| | | | | | ster Change | | |
| | Budget | | X | | | | |
| X | Unaudited c | osts | | | | | |
| | Field audite | | | | | | |
| | Desk audite | d costs | | | | | |
| | | • | | | | | |
| Distributio | <u>n:</u> | | | Т | homas Park | er | |
| Contract Man | agement / Fiscal | Agent | M | | | | inance |
| Permanent Fil | e | | | - | | | |
| For In | formation Only | | | | 7 | | |
| No Ch | ange in Rate | | | | | | |
| Н | ome Office: | Baycare Health System | | | | | |
| | | 2985 Drew Street | | | | | |
| | | Clearwater, FL 33759 | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| MORTON PLA | ANT REHABIL | ITATION CENTER | | Provider Number | •• | 0 206431 | -00 |
|-------------------|------------------|---------------------------------|---|------------------|------------------|---------------|-----------------|
| 400 CORBETT | r st | | | Date: | | 5/28/201 | 14 |
| BELLEAIR, F | L 33756 | | | Fiscal Year End: | | 12/31/20 | 010 |
| | | | | Audit Status: | | Unaudit | ed |
| Provider Ty | pe: | | | | | | |
| | | | | | Current | New | Effective |
| | | | | | Rate | Rate | <u>Date</u> |
| Nursing Ho | me Single | e Level | | | <u>233.30</u> | <u>232.87</u> | <u>7/1/2013</u> |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | ¬ | | | | | |
| Rate | Type: | | | | | | |
| | | | | | | | |
| | Interim | en a traca | <u>X</u> | Prospective | | | |
| | | Total Interim | | | otal Prospective | | |
| | | Interim Component | | T | otal Prospective | with Interim | Component |
| | | Settlement based on cost | | | | | |
| | | Prior Provider Prospective data | | | | | |
| Basis: | | | Cha | inges: | | | |
| Days. | | | Cita | | ester Change | | |
| | Budget | | *************************************** | | E 12/31/2010 | | |
| X | Unaudited co | osts | | | | | |
| | Field audited | | | | | | |
| | Desk audited | d costs | | | | | |
| | | | | | | | |
| | | | | | | | |
| Distribution | <u>n:</u> | | | | Thomas Parke | , y. | |
| Contract Mana | agement / Fiscal | Agent | - | Medicaid Cost Re | | | inance |
| Permanent File | e e | | | | | | 2,1,0,1,0,0 |
| For In | formation Only | | _ | 20 | \sim | | |
| | ange in Rate | | | | - O | <u> </u> | |
| No Cha | ange in Kate | | | | | | |
| Но | ome Office: | Baycare Health System | | | | | |
| | | 2985 Drew Street | | | | | |
| | | Clearwater, FL 33759 | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| MORTON PLANT REHABILITATION CENTER | | Provider Number: | | 0 206431-00 | | | |
|---|------------------|---------------------------------|-----|--------------------|---------------|--------------|-----------------|
| 400 CORBET | T ST | | | Date: | | 5/28/201 | |
| MORTON PLANT REHABILITATION CENTER 400 CORBETT ST BELLEAIR, FL 33756 Provider Type: Nursing Home Single Level Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs | | Fiscal Year End: | | 12/31/2010 | | | |
| | | | | Audit Status: | | Unaudit | ed |
| Provider Ty | ype: | | | | | | |
| | | | | | Current | New | Effective |
| | | | | | Rate | Rate | <u>Date</u> |
| Nursing Ho | me Single | e Level | | | <u>227.67</u> | 228.28 | <u>1/1/2014</u> |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Date | . T | \neg | | | | | |
| Kate | e rype: | | | | | | |
| | Interim | | X | Prospective | | | |
| - | | Total Interim | | **** | l Prospective | | |
| | | Interim Component | | Tota | l Prospective | with Interim | Component |
| | | ······ | | | | | |
| | | Prior Provider Prospective data | | | | | |
| Basis: | | | Cha | nges: | | | |
| 240,007 | | | | Rate Semes | ter Change | | |
| | Budget | | | | 12/31/2010 | | |
| X | Unaudited c | osts | | | | | |
| | Field audited | d costs | | | | | |
| | Desk audited | d costs | | | | | |
| | | | | | | | |
| Distributio | n• | | | 78 2 | | | |
| | agement / Fiscal | Agent | *** | Medicaid Cost Reim | homas Park | | inance |
| Permanent Fil | | | | Wedleard Cost Rein | ibursement i | and r | manec |
| For In | formation Only | | - | | | | |
| | ange in Rate | | | | | <u> </u> | |
| Но | ome Office: | Baycare Health System | | | | | |
| | | 2985 Drew Street | | | | | |
| | | Clearwater, FL 33759 | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| JOHN KNOX VILLAGE MEDICAL CENTER | | | Provider Number: | | 0 210285-00 | | |
|----------------------------------|---------------------|---------------------------------|------------------|---------------------|-----------------|----------------|-------------|
| 4100 E FLETC | HER AVE | | | Date: | | 5/28/201 | 4 |
| TAMPA, FL 3 | 33613 | | | Fiscal Year End: | | 12/31/20 | 10 |
| | - | | | Audit Status: | | Unaudite | ed |
| Provider Ty | /pe: | | | | | | |
| J | F | | | | Current | New | Effective |
| | | | | | Rate | Rate | <u>Date</u> |
| Nursing Ho | me Sing | le Level | | | <u>205.12</u> | <u>208.36</u> | 1/1/2012 |
| | Leve | l H: Aids | | | <u>352.73</u> | 355.97 | 1/1/2012 |
| | | | | | | | |
| Rate | Туре: | | | | | | |
| | Interim | | X | Prospective | | | |
| | | Total Interim | | | l Prospective | | |
| | , | Interim Component | | | l Prospective v | with Interim (| Component |
| | | Settlement based on cost | | | | | |
| | - | Prior Provider Prospective data | | | | | |
| Basis: | | | Chai | nges: | | | |
| | Day Jacob | | | Rate Semest | _ |)10 C/D | |
| X | Budget Unaudited of | pacts | | Retro using | FYE 12/31/20 | 010 C/R | |
| Λ | Field audite | | | | | | |
| | Desk audite | | | | | | |
| | | | | _ | | | |
| Distribution | <u>ı:</u> | | , | | omas Parker | | |
| Contract Manag | gement / Fiscal | Agent | 1 | Medicaid Cost Reimb | | | nance |
| Permanent File | | | | | | | |
| For Inf | ormation Only | | | | | | |
| No Cha | nge in Rate | | | | | | |
| Hor | me Office: | Baycare Health System | | | | | |
| | | 2985 Drew Street | | | | | |
| | | Clearwater FL 33759 | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| JOHN KNOX VILLAGE MEDICAL CENTER | | Provider Number: | | 0 210285-00 | | |
|--|---|---------------------------------|--------------------|----------------|----------------|-----------------|
| 4100 E FLETO | CHER AVE | | Date: | | 5/28/2014 | |
| JOHN KNOX VILLAGE MEDICAL CENTER 4100 E FLETCHER AVE TAMPA, FL 33613 Provider Type: Nursing Home Single Level Level H: Aids | | Fiscal Year End: | | 12/31/20 | 10 | |
| | AMPA, FL 33613 Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk audited rosts Distribution: Contract Management / Fiscal Agent ermanent File | Audit Status: | | Unaudite | ed | |
| Provider Ty | ype: | | | | | |
| • | . • | | | Current | New | Effective |
| | | | | <u>Rate</u> | Rate | <u>Date</u> |
| Nursing Ho | ome Sing | gle Level | | <u>211.60</u> | <u>214.91</u> | <u>7/1/2012</u> |
| | Leve | el H: Aids | | <u>360.81</u> | <u>364.12</u> | 7/1/2012 |
| | | | | | | |
| Date | Type | | | | | |
| Kat | турс. | | | | | |
| | Interim | | X Prospective | | | |
| | | Total Interim | X Tot | al Prospective | | |
| | | Interim Component | Tot | al Prospective | with Interim (| Component |
| | | Settlement based on cost | | * | | |
| | ************************************** | Prior Provider Prospective data | | | | |
| Basis: | | | Changes: | | | |
| | | | | ster Change | • | |
| · · · · · · · · · · · · · · · · · · · | | | X Retro usin | g FYE 12/31/2 | 010 C/R | |
| <u>X</u> | | | | | | |
| | | | | | | |
| | Desk audit | ed costs | | | | |
| | | | 0 | | | |
| <u>Distribution</u> | <u>n:</u> | | 78 1 | Thomas Parker | | |
| Contract Mana | igement / Fisca | ıl Agent | Medicaid Cost Reir | | | nance |
| Permanent File | e | | | | _ | |
| For In | formation Only | , | | | | |
| No Cha | ange in Rate | | | | | |
| Но | me Office: | Baycare Health System | | | | |
| | | 2985 Drew Street | | | | |
| | | Clearwater, FL 33759 | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| JOHN KNOX | VILLAGE MEI | DICAL CENTER | | Provider Number: | | 0 210285- | .00 | |
|--|--|---------------------------------|---------------|--------------------|----------------------------|--------------------|--------------------------|--|
| 4100 E FLETO | CHER AVE | | | Date: | | 5/28/201 | 4 | |
| TAMPA, FL | 33613 | | | Fiscal Year End: | | 12/31/2010 | | |
| JOHN KNOX VILLAGE MEDICAL CENTER 4100 E FLETCHER AVE TAMPA, FL 33613 Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective de Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only | | | Audit Status: | | Unaudite | ed | | |
| Provider T | ype: | | | | | | | |
| · | Provider Type: Sursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective da Basis: Budget X Unaudited costs Field audited costs Desk audited costs | | | | Current <u>Rate</u> | New <u>Rate</u> | Effective <u>Date</u> | |
| Nursing He | | e Level | | | 213.08 | <u>216.46</u> | 1/1/2013 | |
| | Level | H: Aids | | | <u>363.89</u> | <u>367.27</u> | 1/1/2013 | |
| | | | | | | | | |
| | | 7 | | | | | | |
| Rate | e Type: | | | | | | | |
| | Interim | | X | Prospective | | | | |
| | | Total Interim | | - | Il Prospective | | | |
| | | Interim Component | | | l Prospective v | vith Interim (| Component | |
| | *************************************** | Settlement based on cost | | | | | | |
| | | Prior Provider Prospective data | | | | | | |
| Pasis | | | Cha | 7,7,00 | | | | |
| Da515; | | | Cha | nges: Rate Semes | tor Changa | | | |
| | Budget | | | | ter Change FYE 12/31/20 |)10 C/R | | |
| X | | osts | | | , | | | |
| | | | | | | | | |
| | Desk audited | l costs | | | | | | |
| | | | | | | | | |
| Distribution | <u>n:</u> | | | | homas Parker | | | |
| Contract Mana | agement / Fiscal | Agent | | Medicaid Cost Reim | | | nance | |
| Permanent File | e | | | | | | | |
| For In | formation Only | | | | | | | |
| No Cha | ange in Rate | | | | | | | |
| Но | me Office: | Baycare Health System | | | | | | |
| | | · · · | | | | | | |
| | | Clearwater, FL 33759 | | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| JOHN KNOX VILLAGE MEDICAL CENTER | | Provider Number: | | 0 210285- | 00 | | | |
|---|------------------|---|------------------|--------------------|------------------------------|--------------------|----------------------|--|
| 4100 E FLETO | CHER AVE | | | Date: | | 5/28/2014 | | |
| TAMPA, FL 33613 Provider Type: Nursing Home Single Level Rate Type: Interim Total Interim Interim Component Settlement based on cost | | | Fiscal Year End: | | 12/31/2010 | | | |
| | | | | Audit Status: | | Unaudite | ed | |
| Provider Ty | ype: | | | | Current | New | Effective | |
| Nursing Ho | ome Sing | le Level | | | <u>Rate</u> 217.72 | Rate 221.18 | <u>Date</u> 7/1/2013 | |
| | | | | | | | | |
| | | | | | | | | |
| | | • | | | | | | |
| Rate | е Туре: | | | | | | | |
| | Interim | | X | Prospective | | | | |
| | | Total Interim | | X Tota | 1 Prospective | | | |
| | | Interim Component | | Tota | l Prospective v | vith Interim (| Component | |
| | | Settlement based on cost Prior Provider Prospective data | | | | | | |
| Basis: | | | Cha | nges: | | | | |
| | Budget | | | X Rate Semes | ter Change : FYE 12/31/20 | 010 C/R | | |
| X | | costs | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Distribution | <u>n:</u> | | | 76 | ıomas Parker | | | |
| Contract Mana | igement / Fiscal | l Agent | | Medicaid Cost Reim | | | nance | |
| Permanent File | e | | | | | | | |
| For Int | formation Only | | | | | | | |
| No Cha | ange in Rate | | | | | | | |
| Но | me Office: | Baycare Health System 2985 Drew Street Clearwater, FL 33759 | | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| JOHN KNOX VILLAGE MEDICAL CENTER | | | Provider Number: | | 0 210285-00 | | |
|----------------------------------|---------------------------|---|---|---|-----------------|----------------|-------------|
| 4100 E FLETO | CHER AVE | | | Date: | | 5/28/201 | 4 |
| TAMPA, FL | 33613 | | | Fiscal Year End: | | 12/31/20 | 10 |
| | | | | Audit Status: | | Unaudite | ;d |
| Provider T | ype: | | | | Current | New | Effective |
| | | | | | Rate | Rate | <u>Date</u> |
| Nursing Ho | ome Singl | le Level | | | <u>216.56</u> | 220.09 | 1/1/2014 |
| | | | | | | | |
| Rate | Type: | | | | | | |
| | Interim | | X | Prospective | | | |
| | | Total Interim | | *************************************** | al Prospective | | |
| | | Interim Component | | Tota | l Prospective v | vith Interim (| Component |
| | | Settlement based on cost Prior Provider Prospective data | | | | | |
| Basis: | | | Cha | Rate Semes | ter Change | | |
| | Budget | | *************************************** | X Retro using | FYE 12/31/20 | 010 C/R | |
| X | Unaudited c | | | | | | |
| | Field audite Desk audite | | | | | | |
| | | | | Ω | | | |
| Distribution | <u>n:</u> | | | TI | homas Parker | | |
| Contract Mana | igemenț / Fiscal | Agent | | Medicaid Cost Reim | bursement Plan | nning and Fir | nance |
| Permanent File | 2 | | | | | | |
| For In | formation Only | | | | | | |
| No Cha | ange in Rate | | | | | | |
| Но | me Office: | Baycare Health System 2985 Drew Street Clearwater, FL 33759 | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| HARDEE MA | NOR HEALTH | ICARE CENTER | | Provider Number: | | 0 211435- | .00 | |
|--------------------|------------------|--------------------------------------|-----|--------------------|------------------|----------------|-----------|--|
| 401 ORANGE | PLACE | | | Date: | | 5/5/2014 | | |
| WAUCHULA | , FL 33 | 873 | | Fiscal Year End: | | 12/31/20 | 12 | |
| | | | | Audit Status: | | Unaudite | ∌d | |
| Provider Ty | ype: | | | | | | | |
| · | - | | | | Current | New | Effective | |
| | | | | | Rate | Rate | Date | |
| Nursing Ho | me Singl | le Level | | | <u>199.49</u> | <u>190.91</u> | 1/1/2014 | |
| | | | | | | | | |
| | | | | | , | | | |
| | | | | | | | | |
| Rate | e Type: | | | | | | | |
| | _Interim | _ | Х | Prospective | | | | |
| | | Total Interim | | | al Prospective | | | |
| | * | Interim Component | | Tota | al Prospective v | vith Interim (| Component | |
| | | Settlement based on cost | | | | | | |
| | | Prior Provider Prospective data | | | | | | |
| Basis: | | | Cha | nges: | | | | |
| | | | | Rate Semes | ster Change | | | |
| | Budget | | | | FYE 12/31/2012 | 2 | | |
| X | Unaudited of | costs | | | | | | |
| | Field audite | d costs | | | | | | |
| | Desk audite | d costs | | | | | | |
| | | | | | | | | |
| <u>Distributio</u> | <u>n:</u> | | | つん T | homas Parker | | | |
| Contract Mana | agement / Fiscal | Agent | | Medicaid Cost Rein | nbursement Pla | nning and Fi | nance | |
| Permanent File | e | | | | | | | |
| For In | formation Only | | | • | | | | |
| No Cha | ange in Rate | | | | | | | |
| Но | me Office: | Diversicare Healthcare Services Inc. | | | | | | |
| | | 1621 Galleria Blvd. | | | | | | |
| | | Brentwood, TN 30727 | | | | | | |



| Life Care Center of Hillian | rd | | | Provider Number: | 0 214060-00 |
|---|--|----------|--|--|-------------------|
| P.O. Box 1349 | | | | Date: | 4/30/2014 |
| Hilliard FL 32046 | | | | Fiscal Year End: | 7/31/2009 |
| | | | | Audit Status: | Field Audited [2] |
| Provider Type: Nursing Home S | ingle Level | | Current Rate 183.89 | New Rate 183.57 | Effective |
| Le | evel H: Aids | | 325.81 | 325.49 | 1/1/2010 |
| | | | | | |
| Rate Type : | | | | To receive the second of the s | |
| Interior Settle | Interim m Component ment based on costs Provider Prospective data | <u> </u> | P | otal Prospective rospective Adjusted footal Prospective with | |
| Basis: | | Changes: | | | |
| Budget Unaudited costs X Field audited cost Field audit - inte Desk audit - Inte Desk Audit - Pro | erim portion sts rim Portion | X | Usual and C Target Rate FRVS Cha Field Audi Rate Semes | t NH11-148C FYE 7 | · |
| Distribution: | | | 40 | Thomas Parker | |
| Permanent File For information | Only | Med | licaid Cost R | eimbursement Planni | ing and Finance |
| No Change in R Home Office: | Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320 | | | ! | |



| Life Care Center of Hilliard | | • | Provider Number: | 0 214060-00 | |
|--|------------------------------------|--------------------|--|---------------------------------|--|
| P.O. Box 1349 | | | Date: | 4/25/2014 | |
| Hilliard FL 32046 | | | Fiscal Year End: | 7/31/2009 | |
| | | | Audit Status: | Field Audited [2] | |
| Provider Type: | | Current Rate | New Rate | Effective Date | |
| Nursing Home Single Level | | 187.32 | 186.99 | 7/1/2010 | |
| Level H: Aids | | 330.66 | 330.33 | 7/1/2010 | |
| Rate Type: | | | | | |
| Interim | X | Prospective | | | |
| Total Interim | | | otal Prospective | | |
| Interim Component | Prospective Adjusted for New Costs | | | | |
| Settlement based on costs | | T | otal Prospective with | Interim Component | |
| Prior Provider Prospective data | | | | COLUMN TO THE MODERNING CONTROL | |
| Basis: | Changes: | | | | |
| Budget Unaudited costs X Field audited costs | | Usual and | Rating Change Customary Limitation e limitation change | n | |
| Field audit - interim portion | | FRVS Cha | nge | | |
| Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion | <u>X</u> | Rate Semes | t NH11-148C FYE ster Change] as of 05/01/1990 | 7/31/2009 | |
| Distribution: | | /) | Thomas Parker | | |
| Contract Management / Fiscal Agent Permanent FileFor information Only | Med | () icaid Cost F | Reimbursement Plann | ing and Finance | |
| No Change in Rate | | | | | |
| Home Office: Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320 | | | | | |



| Life Care Center of Hillia | ard | | | Provider Number: | 0 214060-00 |
|---|--|----------|--|--|-------------------|
| P.O. Box 1349 | | | | Date: | 4/25/2014 |
| Hilliard FL 32046 | | | | Fiscal Year End: | 7/31/2010 |
| • | | | | Audit Status: | Unaudited [3] |
| Provider Type: | | | Current Rate | New Rate | Effective Date |
| Nursing Home S | Single Level | | 186.69 | 186.70 | 7/1/2011 |
| . L | evel H: Aids | | 332.89 | 332.90 | 7/1/2011 |
| Interior Settle | Interim im Component ement based on costs Provider Prospective data | X | | re Total Prospective Prospective Adjusted f Total Prospective with | |
| Basis: | Flovider Flospective data | Changes: | AND TO STREET WALL AND THE ADMINISTRATION OF | | |
| Budget X Unaudited costs Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pro | ests erim portion ests erim Portion | X | Usual and Target Ra FRVS Ch Effects of Rate Sem | e Rating Change I Customary Limitation ate limitation change hange FFA NH11-148C FYE ester Change [2] as of 05/01/1990 | |
| Distribution: | APTO PATE III. ALBERTANIA | | 7 | Thomas Parker | |
| Contract Management Permanent File For information No Change in F | ı Only Rate | Med | licaid Cost | Reimbursement Planni | ing and Finance |
| Home Office: | Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320 | | | | |



| Life Care Center of Hilliard | | | | Provider Number: | 0 214060-00 |
|---|--|----------|--|--|--|
| P.O. Box 1349 | | | | Date: | 4/25/2014 |
| Hilliard FL 32046 | | | | Fiscal Year End: | 7/31/2011 |
| | | | | Audit Status: | Unaudited [3] |
| Provider Type: Nursing Home Single | Level | | Current Rate | New Rate 197.73 | Effective Date 7/1/2012 |
| Level H: | | _ | 346.93 | 346.94 | 7/1/2012 |
| Interim Total Interim Interim Comp Settlement ba Prior Provide | ponent | X | P | otal Prospective rospective Adjusted f otal Prospective with | |
| Basis: | | Changes: | | | \$ 5-4 to 11 |
| Budget X Unaudited costs Field audited costs Field audit - interim por Desk audited costs Desk audit - Interim Por Desk Audit - Prospective | tion | X | Usual and C Target Rate FRVS Cha Effects of I Rate Semes | FA NH11-148C FYE | |
| Distribution: | | | 7 | Thomas Parker | TO THE WAR POWER OF THE SECTION OF T |
| Contract Management / Fisca Permanent FileFor information OnlyNo Change in Rate | l Agent | Med | icaid Cost R | eimbursement Planni | ing and Finance |
| Doug 3570 | Care Centers Of America Ruth NW Keith Street land TN 37320 | | | | |



| Life Care Center of Hill | iard | | | Provider Number: | 0 214060-00 | | | |
|------------------------------------|------------------------------|----------|--|---|--------------------------|--|--|--|
| P.O. Box 1349 Hilliard FL 32046 | | | | Date: | 4/25/2014 | | | |
| Hillard FL 32046 | | | | Fiscal Year End: | 7/31/2011 | | | |
| | | | | Audit Status: | Unaudited [3] | | | |
| Provider Type: Nursing Home | Single Level | | Current Rate 200.00 | New Rate 200.01 | Effective Date 1/1/2013 | | | |
| rursing frome | omgre never | | 200.00 | 200.01 | 1/1/2013 | | | |
| | Level H: Aids | _ | 350.81 | 350.82 | 1/1/2013 | | | |
| | | | | | | | | |
| Rate Type: | Arrandonium | | | | | | | |
| Interim | | X | Prospective | 2 | | | | |
| | al Interim | | | Total Prospective | | | | |
| | erim Component | | Prospective Adjusted for New Costs | | | | | |
| | lement based on costs | | | Total Prospective with | Interim Component | | | |
| Prio | or Provider Prospective data | | The second secon | | | | | |
| Basis: | į į | Changes: | | | ; | | | |
| | 1 | | | | , | | | |
| Budget | | | | Rating Change | : | | | |
| Y Unaudited cost | · · | ! | | Customary Limitation te limitation change | | | | |
| Field audit - in | | | FRVS Ch | | | | | |
| Desk audited c | _ | X | | FA NH11-148C FYE | 7/31/09 | | | |
| Desk audit - In | | | Rate Semester Change | | | | | |
| Desk Audit - P | rospective portion | | On FRV [2 | 2] as of 05/01/1990 | | | | |
| Distribution: | | | 77 | Thomas Parker | | | | |
| Contract Manageme | ent / Fiscal Agent | Med | icaid Cost | Reimbursement Planni | ng and Finance | | | |
| Permanent File | | | | | | | | |
| For information | on Only | | | | | | | |
| No Change in | Rate | | | | | | | |
| Home Office: | Life Care Centers Of America | | | | | | | |
| | Doug Ruth | | | : | | | | |
| | 3570 NW Keith Street | | | ! | | | | |
| | Cleveland TN 37320 | | | | | | | |



| Life Care Center of Hilliard | | | Provider Number: | 0 214060-00 |
|---|----------|---------------------------|--|--------------------|
| P.O. Box 1349 | | | Date: | 4/25/2014 |
| Hilliard FL 32046 | | | Fiscal Year End: | 7/31/2012 |
| | | | Audit Status: | Unaudited [3] |
| Provider Type: Nursing Home Single Level | | Current Rate 195.80 | New Rate 195.81 | Effective |
| Doto Tomos | | | | |
| Rate Type : | | | | |
| Interim | <u>X</u> | Prospective | | |
| Total Interim | | | otal Prospective Prospective Adjusted f | on Name Costs |
| Interim Component Settlement based on costs | | | Tospective Adjusted I | |
| Prior Provider Prospective data | | 1 | otal Flospective with | internii Component |
| | 7.4 | | | |
| Basis: | Changes: | | | |
| | | | | 1 |
| Budget | | | Rating Change | į |
| X Unaudited costs | | | Customary Limitation | |
| Field audited costs | | FRVS Cha | e limitation change | : |
| Field audit - interim portion Desk audited costs | | | nige FA NH11-148C FYE | 7/21/00 |
| Desk audited costs Desk audit - Interim Portion | | | ster Change | : //31/09 |
| Desk Audit - Prospective portion | | | 2] as of 05/01/1990 | • |
| Distribution: | | 7/ | Thomas Parker | |
| Contract Management / Fiscal Agent | Med | icaid Cost 1 | Reimbursement Planni | no and Finance |
| Permanent File | MCG | icala Cost i | comousement rann | ng and i mance |
| For information Only | | | | |
| No Change in Rate | | | | |
| Home Office: Life Care Centers Of America | | | i | |
| Doug Ruth 3570 NW Keith Street Cleveland TN 37320 | | | | |



| Life Care Center of Port St. Lucie 3720 South Jennings Road Port St Lucie FL 34952 | | Provider Number: Date: | 0 217824-00 | | |
|--|---|---------------------------------------|-------------------|--|--|
| Port St Lucie FL 34932 | | Fiscal Year End: | 7/31/2009 | | |
| | | Audit Status: | Field Audited [2] | | |
| Provider Type: | Current Rate | New Rate | Effective Date | | |
| Nursing Home Single Level | | 208.11 | 1/1/2010 | | |
| Level H: Aids | 350.90 | 350.03 | 1/1/2010 | | |
| | | | | | |
| Rate Type : | | | | | |
| Interim | X Prospective | | | | |
| Total Interim | *************************************** | otal Prospective | | | |
| Interim Component | | rospective Adjusted f | | | |
| Settlement based on costs | T | otal Prospective with | Interim Component | | |
| Prior Provider Prospective data | | | | | |
| Basis: | Changes: | | | | |
| | Liganouwa | Rating Change | | | |
| Budget | | Rating Change Customary Limitatior | , | | |
| X Field audited costs | | e limitation change | ı | | |
| Field audit - interim portion | FRVS Cha | | | | |
| Desk audited costs | X Field Audi | it #NH11-147C FYE | 7/31/2009 | | |
| Desk audit - Interim Portion | Rate Semester Change | | | | |
| Desk Audit - Prospective portion | On FRV [2 |] as of 01/01/1999 | | | |
| Distribution: | 78 | Thomas Parker | | | |
| Contract Management / Fiscal Agent | Medicaid Cost F | Reimbursement Plann | ing and Finance | | |
| Permanent File | | | | | |
| For information Only | | | | | |
| No Change in Rate | | | | | |
| Home Office: Life Care Centers Of America | | > > | | | |
| Doug Ruth 3570 NW Keith Street Cleveland TN 37320 | | · · · · · · · · · · · · · · · · · · · | | | |



| Life Care Center of | of Port St. Lucie | • | | Provider Number: | 0 217824-00 |
|-----------------------------------|--|--|-----------------|---|-------------------|
| 3720 South Jennin | | | Date: | 4/23/2014 | |
| Port St Lucie FL 3 | 4952 | | | Fiscal Year End: | 7/31/2009 |
| | | | | Audit Status: | Field Audited [2] |
| Provider Type | : | | | | |
| | , | | Current Rate | New Rate | Effective Date |
| Nursing Home | Single Level | | 210.69 | 209.82 | 7/1/2010 |
| run sing irome | Single Devel | _ | 210.07 | 207.02 | 77172010 |
| | Level H: Aids | | 354.03 | 353.16 | 7/1/2010 |
| Rate Type : | m Total Interim Interim Component Settlement based on costs | X |] | e Fotal Prospective Prospective Adjusted fotal Prospective with | |
| Basis: | Prior Provider Prospective data | Changes: | | | |
| Field aud Desk aud Desk aud | ed costs dited costs dit - interim portion lited costs lit - Interim Portion dit - Prospective portion | Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Field Audit #NH11-147C FYE 7/31/2009 Rate Semester Change On FRV [2] as of 01/01/1999 | | | |
| <u>Distribution</u> | <u>L</u> | | | Thomas Parker | |
| Permanent File For info | rmation Only nge in Rate Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320 | Med | dicaid Cost | Reimbursement Plann | ing and Finance |
| | | | | 7 | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| TREASURE IS | SLE CARE CEN | TER | | Provider Number: | per: 0 226602-00 | | 00 |
|---------------------------------------|---------------------|---------------------------------|---|--------------------|----------------------------|--------------------|---|
| 1735 N TREAS | SURE DRIVE | | Date: | | 5/16/201 | 5/16/2014 | |
| NORTH BAY VILLAGE, FL 33141 | | | Fiscal Year End: | 6/30/2012 | | | |
| | | | | Audit Status: | | Unaudite | ed |
| Provider Ty | ype: | | | | | | |
| | | | | | Current <u>Rate</u> | New <u>Rate</u> | Effective <u>Date</u> |
| Nursing Ho | me Single | Lovel | | | 202.77 | 201.98 | 7/1/2013 |
| riursing mo | anc single | Devel | | | 20217 | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | | | | | | |
| | | | | <i>Y</i> | | | |
| | | | | | | * | |
| | | | | | | | |
| | | 7 | | | | | |
| Rate | Type: | | | | | | |
| | Interim | | $\mathbf{x}^{'}$ | Prospective | | | |
| · · · · · · · · · · · · · · · · · · · | | Total Interim | | ············ | l Prospective | | |
| | | Interim Component | | | l Prospective v | vith Interim (| Component |
| | | Settlement based on cost | | | • | | • |
| | | Prior Provider Prospective data | | | | | |
| | | | | | | | |
| Basis: | | | Cha | inges: | | | |
| | Dudget | | | Rate Semest | er Change ys Correction | | |
| X | Budget Unaudited co | ete | *************************************** | X Kanngs Day | ys Correction | | |
| A | Field audited | | | | | | |
| | Desk audited | | | | | | |
| | - | | | | | | |
| | | | | - 0 | | | |
| Distribution | <u>n:</u> | | | THE THE | omas Parker | | |
| Contract Mana | igement / Fiscal A | Agent | | Medicaid Cost Reim | | | nance |
| Permanent File | • | | | | | | |
| For Inf | formation Only | | | | | | |
| No Cha | ange in Rate | | | | | | |
| Ho | me Office: | • | | | | | |



| Belleair Health Care Center | | | Provider Number: | 0 264521-00 |
|---|----------|--|---|--------------------------|
| 1150 PONCE DE LEON BLVD | | | Date: | 2/28/2014 |
| Clearwater FL 33756 | | Fiscal Year End: | | 12/31/2006 |
| | | | Audit Status: | Field Audited [2] |
| Provider Type: Nursing Home Single Level | | Current Rate 167.51 | New Rate 161.14 | Effective Date 1/1/2008 |
| 9 | | | | |
| Level H: Aids | | 301.51 | 295.14 | 1/1/2008 |
| Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data | X | | e Fotal Prospective Prospective Adjusted 1 Fotal Prospective with | |
| Basis: | Changes: | | | |
| Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion | X | Usual and Target Ra FRVS Ch Field Aud Rate Sem | Rating Change Customary Limitation the limitation change hange Chit #NH11-128C FYE ester Change Call as of 10/01/1985 | |
| Distribution: | 7 | 77 | Thomas Parker | |
| Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate | Med | U licaid Cost | Reimbursement Plann | ning and Finance |
| Home Office: Clear Choice Health Care, LL | C | man year of the commonwe | - value conserver / make some (#*) m | |
| 709 S. Harbor City Blvd. Melbourne FL 32901 | | | | |



| Belleair Health Care Center | | Provider Number: | 0 264521-00 |
|---|---|---|-------------------|
| 1150 PONCE DE LEON BLVD | | Date: | 2/28/2014 |
| Clearwater FL 33756 | | 12/31/2006 | |
| | | Audit Status: | Field Audited [2] |
| Provider Type: Nursing Home Single Level | Current Rate 169.62 | New Rate 163.17 | Effective |
| Level H: Aids | 305.90 | 299.45 | 7/1/2008 |
| Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data | | e Total Prospective Prospective Adjusted f Total Prospective with | |
| Basis: | Changes: | | |
| Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion | Usual and Target Ra FRVS Ch X Field Au Rate Sem | e Rating Change I Customary Limitation ate limitation change nange dit #NH11-128C FYE ester Change [2] as of 10/01/1985 | |
| Distribution: | 2 | Thomas Parker | |
| Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate | Medicaid Cost | Reimbursement Plann | ning and Finance |
| Home Office: Clear Choice Health Care, LLC 709 S. Harbor City Blvd. Melbourne FL 32901 | 2 | | |



| Belleair Health Care Cente | er | | | Provider Number: | 0 264521-00 | |
|------------------------------------|--|--|---------------------|--|-------------------------|--|
| 1150 PONCE DE LEON E | | | Date: | 2/28/2014 | | |
| Clearwater FL 33756 | *************************************** | | | Fiscal Year End: | 12/31/2007 | |
| | | | | Audit Status: | Unaudited [3] | |
| Provider Type: Nursing Home Si | ingle Level | _ | Current Rate 167.35 | New Rate 166.08 | Effective Date 1/1/2009 | |
| Truising Home | ingic Devel | ******** | 107.55 | | 1/1/2009 | |
| Le | evel H: Aids | ************************************** | 305.70 | 304.43 | 1/1/2009 | |
| | | | | | | |
| Rate Type : | | | | | | |
| Interim | | X | Prospective | | | |
| | Interim | | | otal Prospective | | |
| | m Component | Prospective Adjusted for New Costs | | | | |
| | ment based on costs | | Т | otal Prospective with | Interim Component | |
| Prior I | Provider Prospective data | | | | | |
| Basis: | | Changes: |] | | | |
| D 1 | | 1 | Licaneura | Rating Change | | |
| Budget X Unaudited costs | | | | Rating Change Customary Limitation | , | |
| Field audited costs | sts | | | e limitation change | 1 | |
| Field audit - inte | rim portion | | FRVS Cha | inge | | |
| Desk audited cos Desk audit - Inte | rim Portion | X | Rate Seme | Field Audit #NH11- ster Change 2] as of 10/01/1985 | 128C FYE 12/31/2006 | |
| Distribution: | | | | Thomas Parker | | |
| Contract Management | : / Fiscal Agent | | <u> </u> | | * 1 m3 | |
| Permanent File | - | Med | licaid Cost | Reimbursement Plann | ing and Finance | |
| For information | Only | | | | | |
| No Change in R | Rate | | | | | |
| Home Office: | Clear Choice Health Care, LI | .c | | . , | | |
| | 709 S. Harbor City Blvd. Melbourne FL 32901 | | | | | |



| Belleair Health Care Cer | nter | | | Provider Number: | 0 264521-00 | |
|--------------------------|------------------------------|-------------------------------|-------------|-----------------------|----------------------|--|
| 1150 PONCE DE LEON | NBLVD | | | Date: | 2/28/2014 | |
| Clearwater FL 33756 | | | | Fiscal Year End: | 12/31/2007 | |
| | | | | Audit Status: | Unaudited [3] | |
| Provider Type: | | | | | | |
| | | | Current | New | Effective | |
| Name of the same | Cinala I aval | | Rate | Rate | Date | |
| Nursing Home | Single Level | _ | 153.33 | <u> 152.16</u> | 3/1/2009 | |
| | Level H: Aids | | 201.69 | 200.51 | 3/1/2009 | |
| | Level II. Alus | _ | 291.68 | | 3/1/2009 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Rate Type : | | | | | | |
| Interim | | <u> </u> | Prospective | • | | |
| Tot | al Interim | | <u>X</u> T | otal Prospective | | |
| Inte | erim Component | | P | Prospective Adjusted | for New Costs | |
| Sett | lement based on costs | | T | otal Prospective with | Interim Component | |
| Pric | or Provider Prospective data | | | | | |
| Basis: | | Changes: | | | | |
| | | | _ | | | |
| Budget | 1 | i | Licensure | Rating Change | | |
| X Unaudited cos | ts | ! | | Customary Limitatio | n | |
| Field audited | costs | Target Rate limitation change | | | | |
| Field audit - in | - | · | FRVS Ch | ange | | |
| Desk audited of | · | . <u>X</u> | | | -128C FYE 12/31/2006 | |
| Desk audit - In | | | | ester Change | | |
| - | Prospective portion | · | On FRV [. | 2] as of 10/01/1985 | | |
| Distribution: | | • / | | Thomas Parker | | |
| Contract Manageme | ent / Fiscal Agent | Med | dicaid Cost | Reimbursement Planr | ning and Finance | |
| Permanent File | | | | | | |
| For information | | | | | | |
| No Change in | n Rate | | | | | |
| Home Office: | Clear Choice Health Care, L. | TC | | | | |
| | 709 S. Harbor City Blvd. | | | 1 | | |
| | Melbourne FL 32901 | | | | | |
| | | | | 1 | | |



| Belleair Health Care Cente | r | | | Provider Number: | 0 264521-00 |
|---|--|----------|--|--|--------------------------|
| 1150 PONCE DE LEON B | BLVD | | | Date: | 2/28/2014 |
| Clearwater FL 33756 | | | | Fiscal Year End: | 12/31/2007 |
| | | | | Audit Status: | Unaudited [3] |
| Provider Type: Nursing Home Si | ngle Level | | Current Rate 189.88 | New Rate 188.54 | Effective Date |
| Le | vel H: Aids | | 328.23 | 326.89 | 4/1/2009 |
| Interir Settler | Interim n Component nent based on costs Provider Prospective data | X | I | e Fotal Prospective Prospective Adjusted to the contraction of the c | |
| Basis: | i i | Changes: | | | |
| Budget X Unaudited costs Field audited cos Field audit - inte Desk audit - Inter Desk Audit - Pro | rim portion ts rim Portion | X | Usual and Target Ra FRVS Ch Effects of Rate Semo | _ | n 128C FYE 12/31/2006 |
| Distribution: | | 7 | 7) | Thomas Parker | |
| Permanent File For information | Only | Med | licaid Cost | Reimbursement Planr | ning and Finance |
| No Change in R | | | | | |
| Home Office: | Clear Choice Health Care, LI 709 S. Harbor City Blvd. Melbourne FL 32901 | SC | | · · · · · · · · · · · · · · · · · · · | |



| Belleair Health Care Cente | er | | | Provider Number: | 0 264521-00 |
|---|---|------------------------|-------------------------|---|---------------------|
| 1150 PONCE DE LEON F | BLVD | | | Date: | 2/28/2014 |
| Clearwater FL 33756 | | | | Fiscal Year End: | 12/31/2007 |
| | | | | Audit Status: | Unaudited [3] |
| Provider Type: | | (| Current Rate | New Rate | Effective Date |
| Nursing Home Si | ingle Level | | 195.55 | 194.20 | 7/1/2009 |
| Le | evel H: Aids | | 335.90 | 334.55 | 7/1/2009 |
| Rate Type : | | X 1 | Prospective | | |
| Total | Interim | | <u>X</u> 1 | Total Prospective | |
| | m Component | | **** | Prospective Adjusted f | |
| *************************************** | ment based on costs | |] | otal Prospective with | Interim Component |
| Prior | Provider Prospective data | To Local State Company | 33, 74 | | |
| Basis: | | Changes: | - | | |
| Budget X Unaudited costs Field audited cost | | | Usual and | Rating Change Customary Limitation te limitation change | n |
| Desk audited cos Desk audit - Inte Desk Audit - Pro | sts rim Portion | X | Effects of Rate Seme | | 128C FYE 12/31/2006 |
| Distribution: | • | | $ \mathcal{A} $ | Thomas Parker | |
| Contract Management Permanent File For information No Change in F | Only | Med | icaid Cost | Reimbursement Plann | ing and Finance |
| Home Office: | Clear Choice Health Care, LLC 709 S. Harbor City Blvd. Melbourne FL 32901 | | | : | |



| Belleair Health Care Center | | | Provider Number: | 0 264521-00 |
|---|-------------------------------|---------------------|---|-------------------------|
| 1150 PONCE DE LEON BLVD | | | Date: | 2/28/2014 |
| Clearwater FL 33756 | | | Fiscal Year End: | 12/31/2008 |
| | | | Audit Status: | Unaudited [3] |
| Provider Type: Nursing Home Single Leve | el | Current Rate 196.25 | New Rate 194.89 | Effective Date 1/1/2010 |
| Level H: Aids | | 338.17 | 336.81 | 1/1/2010 |
| Interim Total Interim Interim Compone Settlement based of | on costs | 1 | e Fotal Prospective Prospective Adjusted fotal Prospective with | |
| Prior Provider Pro | | anges: | | - |
| Budget X Unaudited costs Field audited costs Field audit - interim portion | | Usual and | Rating Change Customary Limitation te limitation change ange | n |
| Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion | tion , | Rate Seme | Field Audit #NH11- ester Change 2] as of 10/01/1985 | 128C FYE 12/31/2006 |
| Distribution: | | 78 | Thomas Parker | |
| Contract Management / Fiscal Ag Permanent File For information Only No Change in Rate | ent – | Medicaid Cost | Reimbursement Plann | ing and Finance |
| | oice Health Care, LLC | | | |
| 709 S. Ha | rbor City Blvd. e FL 32901 | | : | |



| Belleair Health Care Cen | nter | | | Provider Number: | 0 264521-00 |
|--------------------------------|--|----------|---------------|---|---------------------|
| 1150 PONCE DE LEON | BLVD | | | Date: | 2/28/2014 |
| Clearwater FL 33756 | | | | Fiscal Year End: | 12/31/2009 |
| | | | | Audit Status: | Unaudited [3] |
| Provider Type: | | | | rum biaius. | Cimadited [5] |
| -, F | | | Current | New | Effective |
| | | | Rate | Rate | Date |
| Nursing Home | Single Level | | 208.27 | | 7/1/2010 |
| 1 | Level H: Aids | | 351.61 | 350.24 | 7/1/2010 |
| Rate Type : | | - | | | |
| | | ** | | | |
| Interim | al Interim | <u>X</u> | Prospective X | | |
| | rim Component | | | Cotal Prospective Prospective Adjusted 1 | For New Costs |
| | lement based on costs | | | Total Prospective with | |
| | r Provider Prospective data | | | | |
| Basis: | } | Changes: | | | 34.00 |
| ! | | | _ | | |
| Budget | | | Licensure | Rating Change | |
| X Unaudited cost | ts . | | | Customary Limitation | n |
| Field audited c | costs | | | te limitation change | |
| Field audit - in | ~ | Ì | FRVS Ch | C | |
| Desk audited c Desk audit - In | | X | | Field Audit #NH11- ester Change | 128C FYE 12/31/2006 |
| | rospective portion | | | 2] as of 10/01/1985 | · |
| Distribution: | ** *** *** *** *** *** *** *** *** *** | | 7 | Thomas Parker | |
| Contract Manageme | ent / Fiscal Agent | Mer | dicaid Cost | Reimbursement Plann | ing and Finance |
| Permanent File For information | on Only | | | | |
| No Change in | Rate | | | | |
| Home Office: | Clear Choice Health Care, LLC | | | . ! | |
| | 709 S. Harbor City Blvd. Melbourne FL 32901 | | | ; ; | |
| | | | | i i | |



| Belleair Health Care Cen | nter | | Provider Number: | 0 264521-00 |
|---|--|----------------------------------|--------------------------------------|---------------------|
| 1150 PONCE DE LEON | BLVD | | Date: | 2/28/2014 |
| Clearwater FL 33756 | | | Fiscal Year End: | 12/31/2009 |
| | | | Audit Status: | Unaudited [3] |
| Provider Type: | | | | |
| | | Current | New | Effective |
| AT THE | C | Rate | Rate | Date |
| Nursing Home | Single Level | 211.05 | | 1/1/2011 |
| 1 | Level H: Aids | 355.91 | 354.53 | 1/1/2011 |
| | | | | |
| Rate Type : | | | | |
| Interim | <u></u> | X Prospective | e | |
| *************************************** | al Interim | ******************************** | Total Prospective | |
| | rim Component | | Prospective Adjusted i | |
| | lement based on costs | - | Total Prospective with | Interim Component |
| Prio | r Provider Prospective data | | | |
| Basis: | C | hanges: | | |
| Budget | | Licensure | Rating Change | |
| X Unaudited cost | ts | Usual and | Customary Limitation | n |
| Field audited c | costs | Target Ra | te limitation change | |
| Field audit - in | nterim portion | FRVS Ch | - | |
| Desk audited c | | | | 128C FYE 12/31/2006 |
| Desk audit - In | rospective portion | | ester Change [2] as of 10/01/1985 | |
| · | Tospective portion | Olitky | 2] as of 10/01/1983 | |
| Distribution: | (T) | | Thomas Parker | |
| Contract Manageme | ent / Fiscal Agent | Medicaid Cost | Reimbursement Plann | ning and Finance |
| Permanent File | | | | |
| For information | • | | | |
| No Change in | Rate | | | |
| Home Office: | Clear Choice Health Care, LLC | | | |
| | 709 S. Harbor City Blvd. Melbourne FL 32901 | | i I | |
| | | | -1 | |



| Belleair Health Care Cen | iter | | | Provider Number: | 0 264521-00 |
|---|--|----------|--|---|----------------------|
| 1150 PONCE DE LEON | BLVD | | | Date: | 2/28/2014 |
| Clearwater FL 33756 | | | | Fiscal Year End: | 12/31/2009 |
| | | | | Audit Status: | Unaudited [3] |
| Provider Type: | | | | 11001 2 1000 | |
| • • | | | Current | New | Effective |
| AY + TT | O. I.T. I | - | Rate | Rate | Date |
| Nursing Home | Single Level | | 204.09 | | 7/1/2011 |
| I | Level H: Aids | | 350.29 | 348.99 | 7/1/2011 |
| Rate Type : | | | | | |
| Interim | | X | Prospectiv | e | |
| 1 | al Interim | | _ | Total Prospective | |
| *************************************** | rim Component | | | Prospective Adjusted 1 | for New Costs |
| Settl | lement based on costs | | , | Total Prospective with | Interim Component |
| Prio | r Provider Prospective data | | | | |
| Basis: | | Changes: | THE CONTRACT AND ADDRESS OF TH | | |
| : | • | | - | | |
| Budget | : | | | Rating Change | |
| X Unaudited cost | | | | l Customary Limitation te limitation change | n |
| | | | FRVS Ch | - | |
| Field audit - in Desk audited o | • | X | | • | 128C FYE 12/31/2006 |
| Desk audited of Desk audit - In | | | | ester Change | 1260 1 12 12/31/2000 |
| Desk Audit - P | rospective portion | | On FRV | [2] as of 10/01/1985 | |
| Distribution: | | 1 | 7 | Thomas Parker | |
| Contract Manageme | nt / Fiscal Agent | Me | dicaid Cost | Reimbursement Plann | ning and Finance |
| Permanent File | | | | | |
| For information | - | | | | |
| No Change in | Rate | | | | |
| Home Office: | Clear Choice Health Care, LLC | | | | |
| | 709 S. Harbor City Blvd. Melbourne FL 32901 | | | | |
| | | • | | | |



| Belleair Health Care Center | | | | Provider Number: | 0 264521-00 |
|---|--|----------|--|---|--------------------------|
| 1150 PONCE DE LEON BL | VD | | | Date: | 2/28/2014 |
| Clearwater FL 33756 | | | | Fiscal Year End: | 12/31/2010 |
| | | | | Audit Status: | Unaudited [3] |
| Provider Type: | | | | | |
| | | (| Current | New | Effective |
| No. | -1- T 1 | - | Rate | Rate | Date |
| Nursing Home Sin | gle Level | | 201.14 | | 1/1/2012 |
| Leve | el H: Aids | | 348.75 | 347.42 | 1/1/2012 |
| Settleme | Component ent based on costs | <u>X</u> | P | otal Prospective rospective Adjusted for | |
| | ovider Prospective data | | - Marine and American Administrative | | |
| Basis: | 3 | Changes: | | | |
| Budget X Unaudited costs Field audited costs Field audit - interin Desk audited costs Desk audit - Interin Desk Audit - Prosp | n portion | X | Usual and Target Rat FRVS Cha Effects of Rate Seme | - | 1 128C FYE 12/31/2006 |
| Distribution: | ective portion | | | | |
| Contract Management / | Fiscal Agent | | 10° | Thomas Parker | |
| Permanent File For information O No Change in Rat | nly | Med | licaid Cost 1 | Reimbursement Plann | ing and Finance |
| Home Office: | Clear Choice Health Care, LLC | | | | |
| | 709 S. Harbor City Blvd. Melbourne FL 32901 | | | | |



| Clearwater FL 33756 Provider Type: Current Rate | Date: Fiscal Year End: Audit Status: New Rate | 2/28/2014 12/31/2011 Unaudited [3] |
|---|--|--|
| Provider Type: Current | Audit Status: | Unaudited [3] |
| Current | Audit Status: | Unaudited [3] |
| Current | New | |
| Current | | Effective |
| Rate | Rate | Litective |
| | | Date |
| Nursing Home Single Level 212.36 | 210.95 | 7/1/2012 |
| Level H: Aids 361.57 | 360.16 | 7/1/2012 |
| Rate Type: | | |
| Interim X Prospec | ctive | |
| Total Interim X | Total Prospective | |
| Interim Component | Prospective Adjusted | for New Costs |
| Settlement based on costs | Total Prospective with | h Interim Component |
| Prior Provider Prospective data | | |
| Basis: Changes: | and the second s | ************************************** |
| Budget Licens | sure Rating Change | |
| | and Customary Limitatio | on |
| Field audited costs Target | t Rate limitation change | |
| Field audit - interim portion FRVS | Change | |
| | ts of Field Audit #NH11 | -128C FYE 12/31/2006 |
| | Semester Change RV [2] as of 10/01/1985 | |
| Distribution: | Thomas Parker | |
| Contract Management / Fiscal Agent | | uine and Tinange |
| Permanent File | Cost Reimbursement Plan | ning and rinance |
| For information Only | | |
| No Change in Rate | | |
| Home Office: Clear Choice Health Care, LLC | TO ADDROGRAM AS A STATE OF THE | |
| 709 S. Harbor City Blvd. Melbourne FL 32901 | · · ! | |



| Belleair Health Care Center | | | Provider Number: | 0 264521-00 |
|---|-------------|--|---|--------------------------|
| 1150 PONCE DE LEON BLVD | | | Date: | 2/28/2014 |
| Clearwater FL 33756 | | | Fiscal Year End: | 12/31/2011 |
| | | | Audit Status: | Unaudited [3] |
| Provider Type: Nursing Home Single Level | | Current Rate 215.88 | New Rate 214.47 | Effective Date 1/1/2013 |
| Level H: Aids | | 366.69 | 365.28 | 1/1/2013 |
| Rate Type: Interim | X | Prospective | | |
| Total Interim Interim Component | | | Fotal Prospective Prospective Adjusted f | For New Costs |
| Settlement based on costs | | | Total Prospective with | |
| Prior Provider Prospective data | | | | |
| Basis: | Changes: | | | |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion | X | Usual and Target Ra FRVS Ch Effects of Rate Seme | • | n 128C FYE 12/31/2006 |
| Distribution: | | 7/ | Thomas Parker | |
| Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate | Mec | licaid Cost | Reimbursement Plann | ning and Finance |
| Home Office: Clear Choice Health Care, LL | | | | |
| 709 S. Harbor City Blvd. Melbourne FL 32901 | | | | |



| Ве | elleair Health Care Cen | ter | | | Provider Number: | 0 264521-00 |
|----------------|---|----------------------------------|-------------|---------------------------|--|--|
| - | 50 PONCE DE LEON | BLVD | | | Date: | 2/28/2014 |
| Cl | earwater FL 33756 | | | | Fiscal Year End: | 12/31/2011 |
| | | | | | Audit Status: | Unaudited [3] |
| | covider Type: | Single Level | _ | Current Rate 221.94 | New Rate 220.50 | Effective Date 7/1/2013 |
| | | | | | | |
| | Rate Type : | , | | | | |
| * | Interim | | X | Prospectiv | e | |
| | Tota | ıl Interim | | X | Total Prospective | |
| | | rim Component | | | Prospective Adjusted f | |
| : | | ement based on costs | | , | Total Prospective with | Interim Component |
| | | r Provider Prospective data | | | | |
| L | Basis: | | Changes: |] | | |
| į | . . | | 1 | Linonoues | Rating Change | |
| | Budget X Unaudited cost | s | | • | l Customary Limitation | า |
| . – | Field audited c | 1 | | | ate limitation change | |
| . - | Field audit - in | terim portion | | FRVS Ch | nange | |
| | Desk audited co | | X | | | 128C FYE 12/31/2006 |
| _ | Desk audit - Int | terim Portion rospective portion | ' | | ester Change [2] as of 10/01/1985 | |
| | Distribution: | iospective portion | ì | 7 | The second state of the second | ANTIBODODIAN . *** ITTOODODOO ANTIBODO OO OO |
| | Contract Managemen | nt / Fiscal Agent | | <u> </u> | Thomas Parker | |
| | Permanent File | nt / 1 isour 1 igoni | Me | dicaid Cost | Reimbursement Plann | ing and Finance |
| | For information | on Only | | | | |
| | No Change in | - | | | | |
| | *************************************** | Clear Choice Health Care, L | I.C. | | | |
| | Home Office: | | | | | |
| | | 709 S. Harbor City Blvd. | | | * | |
| | | Melbourne FL 32901 | | | ! | |
| | | · · | | | | |



| Belleair Health Care C | | | | Provider Number: | 0 264521-00 |
|---|--|----------|--|--|--------------------------|
| 1150 PONCE DE LEC | ON BLVD | | Date: | | 2/28/2014 |
| Clearwater FL 33756 | | | | Fiscal Year End: | 12/31/2012 |
| | | | | Audit Status: | Unaudited [3] |
| Provider Type: Nursing Home | Single Level | | Current Rate 217.35 | New Rate 215.91 | Effective Date 1/1/2014 |
| | otal Interim terim Component | X | | e Total Prospective Prospective Adjusted f | for New Costs |
| Se | ettlement based on costs ior Provider Prospective data | | | Total Prospective with | |
| Basis: | | Changes: | | W | |
| Desk audited Desk audit - | l costs interim portion | X | Usual and Target Ra FRVS Cl Effects o Rate Sem | - | n 128C FYE 12/31/2006 |
| Distribution: | - | |)-// | Thomas Parker | |
| Contract Manager Permanent File For informa No Change | | Med | licaid Cost | Reimbursement Plann | ing and Finance |
| Home Office: | Clear Choice Health Care, L. 709 S. Harbor City Blvd. Melbourne FL 32901 | LC | | | |



| ast Bay Rehabilitation Center | | Provider Number: | 0 264539-00 |
|--|---|---|---------------------------------------|
| 470 East Bay Drive | | Date: | 3/31/2014 |
| learwater FL 33764 | | Fiscal Year End: | 12/31/2006 |
| | | Audit Status: | Field Audited [2] |
| rovider Type: | | | |
| | Current | New | Effective |
| ursing Home Single Level | Rate 175.72 | Rate | Date 1/1/2008 |
| dising frome Single Level | 1/3./2 | | |
| Level H: Aids | 309.72 | 301.78 | 1/1/2008 |
| Rate Type: | | | |
| Interim | Y Decompositive | | |
| Total Interim | X Prospective | otal Prospective | |
| Interim Component | *************************************** | rospective Adjusted t | for New Costs |
| Settlement based on costs | *************************************** | | Interim Component |
| Prior Provider Prospective data | | | |
| Basis: Ch | anges: | E MANAGEMENT I SAMMENTON I REPORTED I I | · · · · · · · · · · · · · · · · · · · |
| | | 2.01 | |
| Budget Unaudited costs | | Rating Change | _ |
| X Field audited costs | | Customary Limitation change | 1 |
| Field audit - interim portion | FRVS Cha | - | |
| Desk audited costs | | t #NH11-129C FYE | E 12/31/2006 |
| Desk audit - Interim Portion | Rate Semes | | |
| Desk Audit - Prospective portion | On FRV [2 |] as of 07/26/1990 | |
| Distribution: | 28 | Thomas Parker | |
| Contract Management / Fiscal Agent | Medicaid Cost F | Reimbursement Plann | ning and Finance |
| Permanent File | | | |
| For information Only | | | |
| No Change in Rate | | | |
| Home Office: Clear Choice Health Care, LLC | ma (m.) massassassas a 1000 k. (fr. 1000 00000000 k. (fr. 100000000 000 / 100000000 / 10000000 / 100000000 | to a grander server A souther en- | |
| 709 S. Harbor City Blvd. Melbourne FL 32901 | | | |



| ast Bay Rehabilitation | Center | | | | Provider Number: | 0 264539-00 | |
|---|-----------------------------|---|--|---------------------|--|-------------------|--|
| 4470 East Bay Drive | | | | Date: | | 3/31/2014 | |
| learwater FL 33764 | | - | | | Fiscal Year End: | 12/31/2006 | |
| | | | | | Audit Status: | Field Audited [2] | |
| rovider Type: ursing Home | Single Level | | • | Current Rate 177.87 | New Rate 170.17 | Effective | |
| I | Level H: Aids | | | 314.15 | 306.45 | 7/1/2008 | |
| Rate Type : | | | ************************************** | | | | |
| Interim | | - | X | Prospective | ÷ | | |
| | al Interim | | | | Total Prospective | | |
| | rim Component | | | | Prospective Adjusted I | | |
| | lement based on costs | | | 1 | Total Prospective with | Interim Component | |
| | r Provider Prospective data | | | Marie Control | | 2 | |
| Basis: | | CI | nanges: | | | | |
| D 1 . | | . ! | | Licaneura | Rating Change | | |
| Budget Unaudited cost | te | <u> </u> | | | Customary Limitation | n | |
| X Field audited of | | 2 ************************************* | | | te limitation change | | |
| Field audit - in | nterim portion | - | | FRVS Ch | ange | | |
| Desk audited c | osts | | X | | lit #NH11-129C FYE | E 12/31/2006 | |
| Desk audit - In | | | | | ester Change | | |
| A 100 100 1 100 100 100 100 100 100 100 | rospective portion | | | OHFRV | 2] as of 07/26/1990 | PO ATY A | |
| Distribution: | - (- | | ٠ / | | Thomas Parker | | |
| Contract Manageme | ent / Fiscal Agent | | Med | licaid Cost | Reimbursement Plann | ning and Finance | |
| Permanent File | on Onles | | | | | | |
| For information | • | | | | | | |
| No Change in | n Kate | | | | | | |
| Home Office: | Clear Choice Health Care | , LLC | A MARIN TO TAKE TO THE PARTY. | | # Commence ye (Broken commence) in the | | |
| | 709 S. Harbor City Blvd. | | | | | | |



| East Bay Rehabilitation | Center | | | Provider Number: | 0 264539-00 |
|---|--|----------|---|--|--|
| 4470 East Bay Drive | | | | Date: | 3/31/2014 |
| Clearwater FL 33764 | | | | Fiscal Year End: | 12/31/2007 |
| | | | | Audit Status: | Unaudited [3] |
| Provider Type: | | _ | Current Rate | New Rate | Effective Date |
| Nursing Home | Single Level | | 175.60 | <u> 175.33</u> _ | 1/1/2009 |
| 1 | Level H: Aids | _ | 313.95 | 313.68 | 1/1/2009 |
| Rate Type : | ** ************************************ | | | MARTO SOCIONARIO - PARAMENTA ANNO MARTON MAR | |
| Interim | | X | Prospective | e | |
| | al Interim | | = | Total Prospective | |
| *************************************** | rim Component | | | Prospective Adjusted f | or New Costs |
| | lement based on costs | | ,- | Total Prospective with | Interim Component |
| Prio | r Provider Prospective data | | | | |
| Basis: | 1 , | Changes: | | | ······································ |
| Budget | | | Licensure | Rating Change | |
| X Unaudited cost | is. | | • | Customary Limitation | 1 |
| Field audited c | | | | te limitation change | • |
| Field audit - in | iterim portion | | FRVS Ch | ange | |
| Desk audited c | | X | | | 129C FYE 12/31/2006 |
| Desk audit - In | terim Portion rospective portion | | | ester Change [2] as of 07/26/1990 | |
| | Tospective portion | | | 2] as 01 0//20/1990 | |
| Distribution: Contract Manageme | nt / Fiscal Agent | | 70 | Thomas Parker | |
| _ | ant / Fiscai Agent | Me | dicaid Cost | Reimbursement Plann | ing and Finance |
| Permanent File For information | on Only | | | | |
| | • | | | | |
| No Change in | | | | | |
| Home Office: | Clear Choice Health Care, Ll | tc | A Anton Alba (M.) Anna mana (M. M. Marana) | | |
| | 709 S. Harbor City Blvd. Melbourne FL 32901 | | | : | |
| | | | | PRODUCTION OF STREET | |



| East Bay Rehabilitation C | enter | | | Provider Number: | 0 264539-00 | |
|---------------------------|--|--|-------------------|--|---------------------|--|
| 4470 East Bay Drive | | | Date: | 3/31/2014 | | |
| Clearwater FL 33764 | | | | Fiscal Year End: | 12/31/2007 | |
| | | | | Audit Status: | Unaudited [3] | |
| Provider Type: | | | | | | |
| | | | Current | New | Effective | |
| Name II ama | in ala I anal | · | Rate | Rate | Date | |
| Nursing Home S | ingle Level | | 160.88 | 160.63 | 3/1/2009 | |
| Le | evel H: Aids | - | 299.23 | 298.98 | 3/1/2009 | |
| Rate Type : | | TO THE PARTY OF TH | | | | |
| Interim | | X | Prospective | p. | | |
| | Interim | | | Total Prospective | | |
| | m Component | | | Prospective Adjusted t | for New Costs | |
| Settle | ment based on costs | | | Total Prospective with | Interim Component | |
| Prior | Provider Prospective data | | | | | |
| Basis: | | Changes | : | - All Total Control of the Control o | | |
| Budget | | 4 | Licensure | Rating Change | | |
| X Unaudited costs | | | | Customary Limitation | n | |
| Field audited co | sts | Target Rate limitation change | | | | |
| Field audit - inte | - | | FRVS Ch | ange | | |
| Desk audited cos | | <u>X</u> | | | 129C FYE 12/31/2006 | |
| Desk audit - Inte | erim Portion ospective portion | | | ester Change 2] as of 07/26/1990 | | |
| Distribution: | AND ALLEY STORY OF ALLEY AND | |) / /) | Thomas Parker | | |
| Contract Managemen | t / Fiscal Agent | | adionid Cont | | ing and Finance | |
| Permanent File | | IVI | edicaid Cost | Reimbursement Plann | ing and Finance | |
| For information | ı Only | | | | | |
| No Change in I | Rate | | | | | |
| Home Office: | Clear Choice Health Care, LLC | | | | | |
| | 709 S. Harbor City Blvd. Melbourne FL 32901 | | | | | |



| East Bay Rehabilitation | Center | Provider Number: | 0 264539-00 | | | |
|---------------------------------------|-------------------------------------|---|---|-------------------------------------|---------------------|--|
| 4470 East Bay Drive | 4470 East Bay Drive | | | Date: | 3/31/2014 | |
| Clearwater FL 33764 | | | | Fiscal Year End: | 12/31/2007 | |
| | | | | Audit Status: | Unaudited [3] | |
| Provider Type: | | | | | | |
| | | | Current | New | Effective | |
| Nursing Home | Single Level | ******* | Rate | Rate | Date | |
| Nursing Home | Single Level | | 198.41 | <u> 198.11</u> _ | 4/1/2009 | |
| | Level H: Aids | **** | 336.76 | 336.46 | 4/1/2009 | |
| | | | | | | |
| Rate Type : | | | | | | |
| Interim | | X | Prospective | e | | |
| То | tal Interim | | <u>X</u> | Total Prospective | | |
| - | erim Component | | | Prospective Adjusted f | | |
| * | tlement based on costs | | - | Total Prospective with | Interim Component | |
| Pric | or Provider Prospective data | | 10701 - 10701 - 10700 | | Sta _ 200 A | |
| Basis: | | Changes: | | | | |
| Budget | | | Licensure | Rating Change | | |
| X Unaudited cos | sts | | | Customary Limitation | n | |
| Field audited | costs | | | te limitation change | | |
| · · · · · · · · · · · · · · · · · · · | nterim portion | | FRVS Ch | _ | | |
| Desk audited | | <u>X</u> | | | 129C FYE 12/31/2006 | |
| | nterim Portion Prospective portion | | | ester Change 2] as of 07/26/1990 | | |
| Distribution: | | | \sim | | | |
| Contract Managem | ent / Fiscal Agent | | <u> </u> | Thomas Parker | | |
| Permanent File | J | Med | dicaid Cost | Reimbursement Plann | ing and Finance | |
| For informat | ion Only | | | | | |
| No Change i | · | | | | | |
| Home Office: | Clear Choice Health Care, LLC | . The Landscore Adv. o. WASS-common Assume. | VA | 447 comm | | |
| | 709 S. Harbor City Blvd. | | | | | |
| | Melbourne FL 32901 | | | | | |
| | | | | • | | |



| East Bay Rehabilitation Co | | | Provider Number: | 0 264539-00 | |
|-------------------------------------|--|-----------|---|---|---------------------|
| 4470 East Bay Drive | | | | Date: | 3/31/2014 |
| Clearwater FL 33764 | Clearwater FL 33764 | | | Fiscal Year End: | 12/31/2007 |
| | | | | Audit Status: | Unaudited [3] |
| Provider Type: | | | | | |
| | | | Current | New | Effective |
| Nursing Home S | ingle Level | | Rate 202.88 | Rate | Date 7/1/2009 |
| Nursing frome 5 | mgie Level | | 202.88 | | //1/2009 |
| Le | evel H: Aids | · | 343.23 | 342.94 | 7/1/2009 |
| | | | · | | |
| Rate Type: | | v | Desar sation | | |
| | Interim | X | Prospective X | e Fotal Prospective | |
| | m Component | | - | Prospective Adjusted t | for New Costs |
| | ment based on costs | | *************************************** | Total Prospective with | |
| Prior | Provider Prospective data | | | | |
| Basis: | | Changes: | | | |
| Budget | | | Licensure | Rating Change | |
| X Unaudited costs | r | | | Customary Limitation | n |
| Field audited co | sts | | . – | te limitation change | |
| Field audit - inte | _ | | FRVS Ch | • | |
| Desk audited cos Desk audit - Inte | | X | | Field Audit #NH11- ester Change | 129C FYE 12/31/2006 |
| Desk Audit - Pro | | | | 2] as of 07/26/1990 | 4 |
| Distribution: | | \supset | 8 | Thomas Parker | |
| Contract Management | f / Fiscal Agent | Me | dicaid Cost | Reimbursement Plann | ning and Finance |
| Permanent File For information | Only | | | | |
| No Change in F | • | | | | |
| - | Clear Choice Health Care, L | T-7 | year aper or sain terrorising spirit on | na. Home a F Francisco - William Sand Francisco | |
| Home Office: | Clour Choice Health Care, L | LC. | | | |
| | 709 S. Harbor City Blvd. Melbourne FL 32901 | | | | |



| East Bay Rehabilitation Center | | | Provider Number: | 0 264539-00 |
|--|---|---|------------------------|--|
| 4470 East Bay Drive | | | Date: | 3/31/2014 |
| Clearwater FL 33764 | | | Fiscal Year End: | 12/31/2008 |
| | | | Audit Status: | Unaudited [3] |
| Provider Type: | | | | |
| | (| Current | New | Effective |
| November House Circle Level | · | Rate | Rate | Date |
| Nursing Home Single Level | | 202.30 | | 1/1/2010 |
| Level H: Aids | | 344.22 | 343.92 | 1/1/2010 |
| · • | | | | |
| Rate Type : | | , | | |
| Interim | X | Prospectiv | ⁄e | |
| Total Interim | | X | Total Prospective | |
| Interim Component | | | Prospective Adjusted t | for New Costs |
| Settlement based on costs | | | Total Prospective with | Interim Component |
| Prior Provider Prospective data | | | | |
| Basis: | Changes: | | | The second secon |
| Dudgat | | Licensur | e Rating Change | |
| Budget X Unaudited costs | | | d Customary Limitation | n |
| Field audited costs | | | ate limitation change | • |
| Field audit - interim portion | | FRVS C | hange | |
| Desk audited costs | X | Effects o | f Field Audit #NH11- | 129C FYE 12/31/2006 |
| Desk audit - Interim Portion | | | nester Change | |
| Desk Audit - Prospective portion | | On FRV | [2] as of 07/26/1990 | - 22 manus man, N 1988/1984 |
| <u>Distribution:</u> | | 77 | Thomas Parker | |
| Contract Management / Fiscal Agent | Med | licaid Cos | t Reimbursement Plann | ing and Finance |
| Permanent File | | | | · |
| For information Only | | | | |
| No Change in Rate | | | | |
| Home Office: Clear Choice Health Care, LLC | A-04 . , • A-10-10-10-10-1-1-1-1-1-1-1-1-1-1-1-1-1- | or a new office of all all and the second | | |
| 709 S. Harbor City Blvd. Melbourne FL 32901 | | | | |



| East Bay Rehabilitation Center | • | | | Provider Number: | 0 264539-00 | | |
|--|--|----------|-------------------------------|-----------------------------------|---------------------|--|--|
| 4470 East Bay Drive | | | Date: | 3/31/2014 | | | |
| Clearwater FL 33764 | Elearwater FL 33764 | | Fiscal Ye | | 12/31/2009 | | |
| | | | | Audit Status: | Unaudited [3] | | |
| rovider Type: Tursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: | | | | | | | |
| | | | Current Rate | New Rate | Effective Date | | |
| Nursing Home Sing | Desit Bay Drive Inwater FL 33764 Position Type: Interim Single Level Level H: Aids Settlement based on costs Prior Provider Prospective data Basis: Chai Budget X Unaudited costs Field audited costs Field audited costs Field audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only | | 210.78 | 210.48 | 7/1/2010 | | |
| | 20,01 | _ | 210.70 | | 77172010 | | |
| Level | H: Aids | _ | 354.12 | 353.82 | 7/1/2010 | | |
| | | | | | | | |
| Rate Type : | | | | | | | |
| | | X | Prospective | | | | |
| | | | | otal Prospective | 4 | | |
| | - | | | rospective Adjusted | | | |
| | | | 1 | otal Prospective with | Interim Component | | |
| | rider i Tospective data | _ · | 1 | | - · . | | |
| Basis: | | Changes: | | | | | |
| Budget | : | | Licensure | Rating Change | | | |
| | | | Usual and | Customary Limitation | n | | |
| Field audited costs | | . ——— | Target Rate limitation change | | | | |
| | portion | | FRVS Cha | • | | | |
| | Dortion | X | | Field Audit #NH11- ster Change | 129C FYE 12/31/2006 | | |
| | | | | 2] as of 07/26/1990 | | | |
| Distribution: | | | 78 | Thomas Parker | | | |
| _ | scal Agent | Med | licaid Cost I | Reimbursement Plann | ning and Finance | | |
| | 1 | | | | | | |
| | ly | | | | | | |
| No Change in Rate | | | | | | | |
| Home Office: | lear Choice Health Care, LLC | | | | | | |
| | 9 S. Harbor City Blvd. elbourne FL 32901 | | | | | | |



| East Bay Rehabilitati | on Center | | | Provider Number: | 0 264539-00 |
|--------------------------|---|--|-----------------|------------------------------------|--|
| 4470 East Bay Drive | | | | Date: | 3/31/2014 |
| Clearwater FL 33764 | | | | Fiscal Year End: | 12/31/2009 |
| | | | | Audit Status: | Unaudited [3] |
| Provider Type: | | | Current Rate | New Rate | Effective |
| Nursing Home | Single Level | | 213.43 | 213.13 | Date 1/1/2011 |
| Ü | | | | , | |
| | Level H: Aids | _ | 358.29 | 357.99 | 1/1/2011 |
| Rate Type : | | · · · · · · · · · · · · · · · · · · · | | | raniona tronger anno tronger anno anno anno anno anno anno anno ann |
| Interim | | X | Prospective | e | |
| | Total Interim | | - | Total Prospective | |
| | Interim Component | | | Prospective Adjusted f | |
| - | Settlement based on costs | | | Total Prospective with | Interim Component |
| 7 | Prior Provider Prospective data | The second secon | | | Annual Control of the |
| Basis: | | Changes: |] | | |
| Budget | | , | Licensure | Rating Change | |
| X Unaudited | costs | ************************************** | Usual and | Customary Limitation | 1 |
| Field audit | ed costs | | _ | te limitation change | |
| | - interim portion | | FRVS Ch | = | |
| Desk audite | ed costs - Interim Portion | <u>X</u> | | Field Audit #NH11- ester Change | 129C FYE 12/31/2006 |
| | - Prospective portion | | | 2] as of 07/26/1990 | |
| Distribution: | ages, whom I suithful as a suithful as a suithful and the suite and the suithful as a | | 7 | Thomas Parker | desirence and the second |
| Contract Manage | ement / Fiscal Agent | Med | dicaid Cost | Reimbursement Plann | ing and Finance |
| Permanent FileFor inform | nation Only | 371.00 | noura Cost | Remodisement Flaint | ing and I mande |
| No Chang | e in Rate | | | | |
| Home Office: | Clear Choice Health Care, LL | c | | | |
| | 709 S. Harbor City Blvd. Melbourne FL 32901 | | | | |
| | , 2000-, 1020-, 1020- | | | | |



| East Bay Rehabilitation Center | | Provider Number: | 0 264539-00 |
|--|---|---|----------------------|
| 4470 East Bay Drive | | Date: | 3/31/2014 |
| Clearwater FL 33764 | | Fiscal Year End: | 12/31/2010 |
| | | Audit Status: | Unaudited [3] |
| Provider Type: | Current Rate | New Rate | Effective Date |
| Nursing Home Single Level | 202.40 | | 7/1/2011 |
| Level H: Aids | 348.60 | 348.31 | 7/1/2011 |
| Rate Type: | | | |
| Interim | X Prospective | e | |
| Total Interim | *************************************** | Total Prospective | |
| Interim Component | | Prospective Adjusted I | |
| Settlement based on costs Prior Provider Prospective data | | Total Prospective with | interim Component |
| | ~* | X-1. | |
| Basis: | Changes: | | |
| Budget | Licensure | Rating Change | |
| X Unaudited costs | Usual and | Customary Limitation | n |
| Field audited costs | | te limitation change | |
| Field audit - interim portion | FRVS Ch | · · | |
| Desk audited costsDesk audit - Interim Portion | | Field Audit #NH11- ester Change | 129C FYE 12/31/2006 |
| Desk Audit - Prospective portion | | 2] as of 07/26/1990 | |
| Distribution: | 78 | Thomas Parker | ency del common une. |
| Contract Management / Fiscal Agent | Medicaid Cost | Reimbursement Plann | ning and Finance |
| Permanent File | | | |
| For information Only | | | , |
| No Change in Rate | | | |
| Home Office: Clear Choice Health Care, LLC | | | |
| 709 S. Harbor City Blvd. Melbourne FL 32901 | | | |



| East Bay Rehabilitation | Center | | | Provider Number: | 0 264539-00 | | |
|-----------------------------------|---|--|-------------------------------|------------------------|---------------------|--|--|
| 4470 East Bay Drive | | | | Date: | 3/31/2014 | | |
| Clearwater FL 33764 | | | | Fiscal Year End: | 12/31/2010 | | |
| | | | | Audit Status: | Unaudited [3] | | |
| Provider Type: | | | Current | New | Effective | | |
| | | | Rate | Rate | Date | | |
| Nursing Home | Single Level | | 204.77 | 204.48 | 1/1/2012 | | |
| | Level H: Aids | _ | 352.38 | 352.09 | 1/1/2012 | | |
| | | | | , | | | |
| Rate Type : | | ng) silan aggirinan in ngagar maga panta basa silangan | | | | | |
| Interim | | X | Prospectiv | e | | | |
| | tal Interim | | | Total Prospective | | | |
| | erim Component | | | Prospective Adjusted f | | | |
| | tlement based on costs or Provider Prospective data | | Photographic Control | Total Prospective with | Interim Component | | |
| | or Frontier Prospective data | <u> </u> | - | | | | |
| Basis: | | Changes: |] | | | | |
| Budget | | | Licensure | Rating Change | | | |
| X Unaudited cos | sts | | | l Customary Limitation | n | | |
| Field audited | | | Target Rate limitation change | | | | |
| Field audit - in Desk audited of | nterim portion | v | FRVS Ch | | 120C EVE 12/21/2007 | | |
| Desk audit - Ir | | X | | ester Change | 129C FYE 12/31/2006 | | |
| Desk Audit - F | Prospective portion | Интеррограм ина <u>представляющей в положения в представляюще</u> | On FRV [| [2] as of 07/26/1990 | | | |
| <u>Distribution:</u> | | | 7 | Thomas Parker | | | |
| Contract Manageme | ent / Fiscal Agent | Med | dicaid Cost | Reimbursement Plann | ing and Finance | | |
| Permanent File | 0.1 | | | | | | |
| For informati | - | | | | | | |
| No Change in | n Kate | | | | | | |
| Home Office: | Clear Choice Health Care, | TIC | | | | | |
| | 709 S. Harbor City Blvd. Melbourne FL 32901 | | | | | | |
| | | mining appropriate the control of th | | | | | |



| East Bay Rehabilitation Cer | nter | | | Provider Number: | 0 264539 | -00 |
|-----------------------------|--|----------|--|--|--|--|
| 1470 East Bay Drive | | | | Date: | 3/31/20 | 14 |
| Clearwater FL 33764 | earwater FL 33764 | | | Fiscal Year End: | 12/31/20 | 11 |
| | | | | Audit Status: | Unaudited | 1 [3] |
| Provider Type: | | | Current Rate | New Rate | Effective Date | |
| Nursing Home Si | ngle Level | | 218.00 | | 7/1/2012 | |
| Lev | vel H: Aids | | 367.21 | 366.90 | 7/1/2012 | |
| Rate Type : | | | | | | |
| Interim | | X | Prospective | a | | |
| | interim | | - | Fotal Prospective | | |
| | 1 Component | | | Prospective Adjusted f | for New Costs | |
| | nent based on costs | | | Total Prospective with | | ent |
| W | rovider Prospective data | | | | 1 | |
| Basis: | | Changes: | A RESIDENCE OF THE PARTY OF THE | The second secon | COMMAN SERVICE | The second secon |
| D 1 | · · · · · · · · · · · · · · · · · · · | | Licansura | Rating Change | | |
| Budget X Unaudited costs | | | | Customary Limitation | | |
| Field audited costs | ts | | | te limitation change | 11 | • |
| Field audit - inter | | | FRVS Ch | - | | |
| Desk audited cost | · · · · · · · · · · · · · · · · · · · | X | | Field Audit #NH11- | 129C FYE 12/31 | L/ 2 006 |
| Desk audit - Inter | im Portion | | | ester Change | | |
| Desk Audit - Pros | spective portion | | On FRV [| 2] as of 07/26/1990 | | |
| Distribution: | | | $\prec\!\!/$ | Thomas Parker | | |
| Contract Management | / Fiscal Agent | Med | icaid Cost | Reimbursement Plann | ning and Finance | |
| Permanent File | | Mod | iouia cost | remoursement rum | mig and i manee | |
| For information | Only | | | | | |
| No Change in R | ate | | | | | |
| Home Office: | Clear Choice Health Care, LLC | | | - 111 N - 100000000 - 100000 - 10000 - | | |
| | 709 S. Harbor City Blvd. Melbourne FL 32901 | | | | | |



| East Bay Rehabilitation C | Center | | Provider Number: 0 264539-00 | | | | | |
|-------------------------------|--|--------------------------------|--|--|--|--|--|--|
| 4470 East Bay Drive | | | | Date: | 3/31/2014 | | | |
| Clearwater FL 33764 | | | | Fiscal Year End: | 12/31/2011 | | | |
| | | | | Audit Status: | Unaudited [3] | | | |
| Provider Type: | | | | | | | | |
| | | ! | Current Rate | New Rate | Effective Date | | | |
| Nursing Home S | Single Level | - | 221.15 | 220.84 | 1/1/2013 | | | |
| J | | | | | | | | |
| L | evel H: Aids | | 371.96 | 371.65 | 1/1/2013 | | | |
| | | | | | | | | |
| Rate Type : | The second section of the | Anny o Managaga banga Abang ag | ndff) was become stable research. | ************************************** | | | | |
| Interim | | v | D | _ | | | | |
| Tota | X Prospective X Total Prospective | | | | | | | |
| Inter | Prospective Adjusted for New Costs | | | | | | | |
| | ement based on costs | | | Total Prospective with | | | | |
| Prior | Provider Prospective data | | | | | | | |
| Basis: | | Changes: | Comments of the Comments of th | THE RESERVE OF THE PARTY OF THE | | | | |
| | 1 | | т. | Dating Class | | | | |
| Budget X Unaudited costs | , | i | Licensure Rating Change Usual and Customary Limitation | | | | | |
| Field audited costs | | | | te limitation change | 11 | | | |
| Field audit - int | erim portion | | FRVS Ch | ange | | | | |
| Desk audited co | | X | | | 129C FYE 12/31/2006 | | | |
| Desk audit - Int | erim Portion ospective portion | | | ester Change [2] as of 07/26/1990 | | | | |
| Distribution: | ospective portion | | | 2] as 01 0 1/20/1990 | primer to a local to restance here to apply manage formation and | | | |
| | | • / | 0 | Thomas Parker | | | | |
| Contract Managemer | nt / Fiscal Agent | Med | licaid Cost | Reimbursement Plann | ning and Finance | | | |
| Permanent File For informatio | n Only | | | | | | | |
| No Change in | | | | | | | | |
| No Change in | | | | | | | | |
| Home Office: | Clear Choice Health Care, LL | C | | | | | | |
| | 709 S. Harbor City Blvd. | | | | | | | |
| | Melbourne FL 32901 | | | | | | | |



| East Bay Rehabilitation | Center | | | Provider Number: | 0 264539-00 | | | |
|-----------------------------|--|----------|--------------------------------|-------------------------------------|---------------------|--|--|--|
| 4470 East Bay Drive | | | | Date: | 3/31/2014 | | | |
| Clearwater FL 33764 | | | | Fiscal Year End: | 12/31/2011 | | | |
| | | | | Audit Status: | Unaudited [3] | | | |
| Provider Type: Nursing Home | Single Level | | Current Rate 226.88 | New Rate 226.57 | Effective | | | |
| | | , | | | | | | |
| Rate Type : | | | | | | | | |
| Interim | | X | Prospective | e | | | | |
| Tot | X Total Prospective | | | | | | | |
| Inte | |] | Prospective Adjusted f | for New Costs | | | | |
| M | tlement based on costs or Provider Prospective data | | | Total Prospective with | Interim Component | | | |
| Basis: | : | Changes: | | | | | | |
| Budget | | | Licensure | Rating Change | | | | |
| X Unaudited cos | ts | | Usual and Customary Limitation | | | | | |
| Field audited | costs | | • | te limitation change | | | | |
| Field audit - in | _ | | FRVS Ch | - | | | | |
| Desk audited of | | <u>X</u> | | | 129C FYE 12/31/2006 | | | |
| Desk audit - Ir | Prospective portion | , 2 | | ester Change 2] as of 07/26/1990 | | | | |
| Distribution: | | | \mathcal{A} | Thomas Parker | | | | |
| Contract Manageme | ent / Fiscal Agent | | 1) | | ' | | | |
| Permanent File | | Med | ncaid Cost | Reimbursement Plann | ing and r mance | | | |
| For informati | on Only | | | | | | | |
| No Change in | n Rate | | | | | | | |
| Home Office: | Clear Choice Health Care, LL | C | | | | | | |
| | 709 S. Harbor City Blvd. Melbourne FL 32901 | | | | | | | |



| st Bay Rehabilitation | Center | | | Provider Number: | 0 264539-00 | |
|--|--|----------|-----------------------------------|-------------------------------------|--------------------|--|
| 70 East Bay Drive | | | | Date: | 3/31/2014 | |
| earwater FL 33764 | AA************************************ | | | Fiscal Year End: | 12/31/2012 | |
| | | | | Audit Status: | Unaudited [3] | |
| ovider Type: | | | | | <u> </u> | |
| | | | Current | New | Effective | |
| | Cimals I such | | Rate | Rate | Date | |
| ırsing Home | Single Level | | 220.61 | | 1/1/2014 | |
| | | | | | | |
| | | s. | | | | |
| | | | | | | |
| | | | Mark and the second at the second | | | |
| Rate Type : | | | | | | |
| Interim | | X | Prospective | : | | |
| Tot | Total Prospective | | | | | |
| Inte | | | Prospective Adjusted f | | | |
| | tlement based on costs | | | Total Prospective with | Interim Component | |
| Pric | or Provider Prospective data | | | | | |
| Basis: | | Changes: | | | | |
| Budget | | | Licensure | Rating Change | | |
| X Unaudited cos | ets | | | Customary Limitation | n | |
| Field audited | costs | | | te limitation change | | |
| | nterim portion | | FRVS Ch | - | | |
| Desk audited of | | <u>X</u> | | | 129C FYE 12/31/200 | |
| Desk audit - In Desk Audit - In | Prospective portion | | | ester Change 2] as of 07/26/1990 | | |
| | Manager Company Compan | | | Thomas Parker | | |
| Distribution: | | | | i nomas Parker | | |
| | ent / Fiscal Agent | | $\frac{\mathcal{O}}{\mathcal{O}}$ | | , 15. | |
| Contract Manageme | ent / Fiscal Agent | Med | dicaid Cost | Reimbursement Plann | ing and Finance | |
| | - - | Med | dicaid Cost | | ing and Finance | |
| Contract Manageme | on Only | Med | dicaid Cost | | ing and Finance | |
| Contract Managemer Permanent File For informati | on Only | | dicaid Cost | | ing and Finance | |
| Contract Managemer Permanent File For informati No Change in | on Only n Rate | | dicaid Cost | | ing and Finance | |



| Majestic Oaks Continuing Care Complex | • | Provider Number: | 0 269000-00 |
|--|---|--|------------------------------|
| 01 Veterans Memorial Parkway | | Date: | 4/22/2014 |
| Orange City FI 32763 | | Fiscal Year End: | 12/31/2007 |
| | | Audit Status: | Unaudited [3] |
| Provider Type: Fursing Home Single Level | Current Rate 189.75 | New Rate 189.74 | Effective Date 4/1/2009 |
| Single Bever | | | 47172007 |
| Level H: Aids | 328.10 | 328.09 | 4/1/2009 |
| | | | |
| Rate Type: | X Prospective | • | |
| Total Interim | | Total Prospective | |
| Interim Component | | rospective Adjusted t | for New Costs |
| Settlement based on costs | 7 | otal Prospective with | Interim Component |
| Prior Provider Prospective data | - | | |
| Basis: C | hanges: | | - INVESTIGATION - |
| Budget | Licensure | Rating Change | |
| X Unaudited costs | | Customary Limitation | n |
| Field audited costs | Target Ra | te limitation change | |
| Field audit - interim portion | FRVS Ch | _ | |
| Desk audited costs | | | '-050J FYE 12/31/2003 |
| Desk audit - Interim Portion Desk Audit - Prospective portion | | ester Change 2] as of 01/21/2003 | |
| Distribution: | | Thomas Parker | |
| Contract Management / Fiscal Agent | Medicaid Cost | Reimbursement Plann | ning and Finance |
| Permanent File | | Addition | |
| For information Only | | | |
| No Change in Rate | | | |
| Home Office: 1 - No Home Office | 798-44-41-11-11-11-11-11-11-11-11-11-11-11- | Commission of the Commission o | |
| | | | |
| | | | |



| Majestic Oaks Continuing Care Complex | - | | Provider Number: | 0 269000-00 | | | |
|---|------------|-----------------------------------|---|------------------------|---|--|--|
| 901 Veterans Memorial Parkway | _ | | Date: | 4/22/2014 | | | |
| Orange City Fl 32763 | _ | | Fiscal Year End: | 12/31/2007 | | | |
| | | | Audit Status: | Unaudited [3] | | | |
| Provider Type: | | | | | | | |
| | | Current | New | Effective | | | |
| N . TT . C' . L T . I | | Rate | Rate | Date | | | |
| Nursing Home Single Level | ********** | 191.56 | <u> 191.55</u> _ | 7/1/2009 | | | |
| Level H: Aids | | 331.91 | 331.90 | 7/1/2009 | | | |
| Rate Type : | | | | | | | |
| Interim | v | Dunamantin | _ | | | | |
| Total Interim | | X Prospective X Total Prospective | | | | | |
| Interim Component | | | Prospective Adjusted f | or New Costs | | | |
| Settlement based on costs | | | Total Prospective with | | | | |
| Prior Provider Prospective data | | | 1 | , | | | |
| Basis: | Changes: | | | | | | |
| | | J | | | | | |
| Budget | ; | | Rating Change | | | | |
| X Unaudited costs | | | Customary Limitation te limitation change | 1 | | | |
| Field audited costs | - | FRVS Ch | - | | | | |
| Field audit - interim portion Desk audited costs | · X | | J | -050J FYE 12/31/2003 | | | |
| Desk audit - Interim Portion | | | ester Change | -0300 F 112 12/31/2003 | | | |
| Desk Audit - Prospective portion | 1 | | 2] as of 01/21/2003 | | | | |
| Distribution: | | 4 | Thomas Parker | | - | | |
| Contract Management / Fiscal Agent | Med | licaid Cost | Reimbursement Plann | ing and Finance | | | |
| Permanent File | Mice | ilcala Cosi | remousement i lann | ing and i mance | | | |
| For information Only | | | | | | | |
| No Change in Rate | | | | | | | |
| Home Office: 1 - No Home Office | | | • | | | | |
| | | | | | | | |
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| | | | | | | | |



| Majestic Oaks Continuing Care Complex | | Provider Number: | 0 269000-00 | | |
|---|---|---|--------------------------------------|--|--|
| 901 Veterans Memorial Parkway | | Date: | 4/22/2014 | | |
| Orange City Fl 32763 | | Fiscal Year End: | 12/31/2011 | | |
| | | Audit Status: | Unaudited [3] | | |
| Provider Type: Nursing Home Single Level | Curr Rar 200 | e Rate | Effective Date 1/1/2013 | | |
| Level H: Aids | 351 | 21 351.20 | 1/1/2013 | | |
| Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs | | pective X Total Prospective Prospective Adjusted Total Prospective wit | for New Costs h Interim Component | | |
| Prior Provider Prospective data Basis: | Changes: | | | | |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion | Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Effects of FA & RFA #NH 07-050J FYE 12/31/2003 Rate Semester Change On FRV [2] as of 01/21/2003 | | | | |
| Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate | Thomas Parker Medicaid Cost Reimbursement Planning and Finance | | | | |
| Home Office: 1 - No Home Office | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| PALM TERRA | CE OF LAKEL | AND | | Provider Number: | | 0 282626- | 00 |
|---|--------------------------------|----------------------------------|----------|--------------------|------------------------|--------------------|--------------------------|
| 1919 LAKELA | ND HILLS BLV | VD | | Date: | | 5/13/201 | 4 |
| LAKELAND, I | FL 33805 | | | Fiscal Year End: | | 6/30/201 | 3 |
| | | | | Audit Status: | | Unaudite | ed |
| Provider Ty | pe: | | | | Current <u>Rate</u> | New <u>Rate</u> | Effective <u>Date</u> |
| Nursing Ho | me Single | Level | | | 204.86 | <u>214.67</u> | 1/1/2014 |
| , | | | | | | | , |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Rate | Type: | 7 | | | | | |
| | | _ | | | | | |
| *************************************** | Interim | | X | Prospective | | | |
| | | _ Total Interim | | | 1 Prospective | tai wa . t | ~ |
| | | Interim Component | | X Tota | l Prospective v | with Interim (| Component |
| | | Settlement based on cost | | | | | |
| | | Prior Provider Prospective data | | | | | |
| Basis: | | | Cha | nges: | | | |
| | | | 1 | Rate Semes | ter Change | | |
| | Budget | | | X IRR Grante | ed Effective 1/ | 1/14 | |
| X | Unaudited co | | | | | | |
| | Field audited | | | | | | |
| | Desk audited | costs | | | | | |
| | | | | | | | |
| Distribution | | | _ | ~ 2 | | | |
| | ı: gement / Fiscal <i>I</i> | Arant | | /_/- | homas Parker | | |
| Permanent File | | rgent | • | Medicald Cost Reim | bursement Pla | nning and Fii | nance |
| | ormation Only | | | | | | |
| | nge in Rate | | | | | | |
| | | C A factor of C of | 110 | | | | |
| Hor | ne Office: | Cypress Administrative Services, | LLC | | | | |
| | | 4 West Red Oak Lane, Suite 201 | | | | | |
| | | White Plains, NY 10604 | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| LIFE CARE O | CENTER OF OF | RANGE PARK | Provider Number: 0 284289-00 | | -00 | | | |
|----------------|------------------|---------------------------------|---|----------|--------------|--|--|-------------|
| 2145 KINGSI | LEY AVE | | | Date: | | *************************************** | Rate Rate Date 19.84 169.51 1/1/20 | |
| ORANGE PA | RK, FL 32073 | | | Fiscal | Year End: | 5/5/2014 7/31/2009 Field Audited Current New Effer Rate Date 169.84 169.51 1/1/2 | |)9 |
| | | | | Audit | Status: | | Field Aud | ited |
| Provider T | ype: | , | | | | | | |
| | | | | | | Current | New | Effective |
| | | | | | | Rate | | <u>Date</u> |
| Nursing Ho | ome Singl | e Level | | | | <u>169.84</u> | 169.51 | 1/1/2010 |
| | Leve | l H: Aids | | | | Current New Effect Rate Data 169.84 169.51 1/1/2 311.76 311.43 1/1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1 | | |
| | | | | | | | | |
| Date | е Туре: | \neg | | | | | • | |
| Nati | e Type. | | • | | | | | |
| | Interim | | X | Prosp | pective | | | |
| | | Total Interim | | | | tal Prospective | | , |
| | | Interim Component | | | То | tal Prospective v | vith Interim (| Component |
| | | Settlement based on cost | | | | | | |
| | *** | Prior Provider Prospective data | | | | | | |
| Basis: | | | Char | iges: |] | | | > |
| | | | <u> </u> | <u> </u> | Rate Seme | ester Change | | |
| | Budget | | | | Field Aud | it NH11-146C F | YE 7/31/200 | 19 |
| | Unaudited c | osts | * · · · · · · · · · · · · · · · · · · · | | | | | |
| X | Field audited | d costs | | | | | | |
| | Desk audited | d costs | | | | | | • |
| | | | | | | | | |
| Distribution | <u>n:</u> | | | | 7 | Thomas Parker | | |
| Contract Mana | agement / Fiscal | Agent | N | /ledicai | id Cost Rei | mbursement Plan | nning and Fir | nance |
| Permanent File | e | | | _ | | | | |
| For Int | formation Only | , | · · | | \leftarrow | 1 | | |
| | ange in Rate | | | | - | | | |
| Но | me Office: | Life Care Centers Of America | | | | | | |
| | | 3570 NW Keith Street | | | | | | |
| | | Cleveland, TN 37312 | | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| LIFE CARE CENTER OF ORANGE PARK | | RANGE PARK | Provider Number: | 0 284289- | 0 284289-00 | |
|-----------------------------------|-------------------------------|---|-------------------------------|---------------|---------------|--------------------------|
| 2145 KINGSI | EY AVE | | Date: | 5/5/2014 | | 4 |
| ORANGE PA | RK, FL 32073 | | Fiscal Year End: | | 7/31/200 |)9 |
| | | | Audit Status: | | Field Audited | |
| Provider T | ype: | | | | | Effective <u>Date</u> |
| Nursing Ho | me Sing | le Level | | | | 7/1/2010 |
| | ~ | | | | | |
| | Leve | el H: Aids | | 315.82 | <u>315.48</u> | <u>7/1/2010</u> |
| | | | | | | |
| Rate | e Type: | | | | | |
| Basis: | Budget Unaudited Field audite | costs | Total Changes: Rate Semeste | Prospective v | | |
| Distribution Contract Mana | | A gent | | omas Parker | | |
| Permanent File | - | ragent | Medicaid Cost Reimb | oursement Pla | nning and Fir | iance |
| | | | 70. | X) | | |
| | formation Only | , | | O | < | |
| | inge in Rate | | | | | |
| Ho | me Office: | Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312 | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| LIFE CARE O | CENTER OF O | RANGE PARK | | Provider Number: 0 284289-00 | | | -00 | | |
|----------------|---|---------------------------------|-------|------------------------------|----------------|-------------------|----------------|-------------|--|
| 2145 KINGSI | LEY AVE | | | Date: | | - | 5/5/2014 | | |
| ORANGE PA | RK, FL 32073 | | | Fiscal | l Year End: | | 7/31/201 | 10 | |
| | | | | Audit | Status: | | Unaudit | ed | |
| Provider T | vne: | | | | | | | | |
| · | y pc. | | | | | Current | New | Effective | |
| | | | | | | Rate | Rate | <u>Date</u> | |
| Nursing Ho | me Sing | le Level | | | | 179.06 | <u>179.11</u> | 1/1/2011 | |
| _ | _ | | | | | | | | |
| | Leve | l H: Aids | | | | 323.92 | 323.97 | 1/1/2011 | |
| | | | | | | | | | |
| | | | | | | | | n¢ν | |
| | | | | | | | | | |
| Rate | e Type: | | | | | | | | |
| | | i | | | | | | | |
| | _ Interim | | X | Pros | pective | | | | |
| | | Total Interim | | | X To | tal Prospective | | | |
| | | Interim Component | | | To | tal Prospective v | vith Interim (| Component | |
| | | Settlement based on cost | | | | | | | |
| | | Prior Provider Prospective data | | | | | | | |
| Basis: | \neg | | Cha | nges: | 1 | | | | |
| Dasis. | | | Chai | iiges. | J Data Sama | ester Change | | | |
| | Budget | | - 1 | X | _ | Field Audit NH | 11-146C FY | R. | |
| X | Unaudited c | costs | | | 7/31/2009 | | | _ | |
| | Field audite | | | | | | | | |
| | Desk audite | d costs | | | | | | | |
| | *************************************** | | | | | | | | |
| | | | | | | | | | |
| Distribution | <u>1:</u> | | | | 1 | Thomas Parker | | | |
| Contract Mana | gement / Fiscal | Agent | 1 | Medica | | nbursement Plan | ning and Fin | iance | |
| Permanent File | ; | | | | | | _ | | |
| For Inf | formation Only | | استعي | \leq | < | 70 | | | |
| | inge in Rate | | | | | | | | |
| Ho | me Office: | Life Care Centers Of America | | | | | | | |
| | | 3570 NW Keith Street | | | | | | | |
| | | Cleveland, TN 37312 | | | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| LIFE CARE C | ENTER OF O | RANGE PARK | | Provider Nu | mber: | | 0 284289 | .00 |
|---------------------|---------------|---------------------------------|---|---------------|--|---------------|---|-------------|
| 2145 KINGSL | EY AVE | | | Date: | | | te <u>Rate</u> <u>Dat</u> 77 172.82 7/1/20 97 319.02 7/1/20 | |
| ORANGE PA | RK, FL 32073 | | | Fiscal Year l | End: | | 7/31/201 | 10 |
| | | | | Audit Status | : | | Unaudite | ed |
| Provider Ty | vpe: | | | | | | | |
| | / K | | | • | | Current | New | Effective |
| | | | | | | Rate | Rate | <u>Date</u> |
| Nursing Ho | me Sing | le Level | | | | <u>172.77</u> | <u>172.82</u> | 7/1/2011 |
| | Leve | el H: Aids | | | | <u>318.97</u> | 319.02 | 7/1/2011 |
| | | | | | | | | |
| | | | | | | | | |
| Rate | Type: | | | | | | | |
| | Interim | | X | Prospective | | | | |
| | | Total Interim | *************************************** | X | Total | Prospective | | |
| ; | | Interim Component | | | Total | Prospective v | vith Interim (| Component |
| | | Settlement based on cost | | | | | | |
| | | Prior Provider Prospective data | | | | | | |
| Basis: | $\overline{}$ | | Cha | nges: | | | | |
| | · · | | ŧ | | Semeste | r Change | | |
| | Budget | | | | | eld Audit NH | 11-146C FYI | Е |
| X | Unaudited o | | | 7/31/ | 2009 | | | : |
| | Field audite | | | | | | | |
| | Desk audite | ed costs | | | | | | |
| | | | | | | | | |
| <u>Distribution</u> | 1: | | | | Tho | mas Parker | | |
| Contract Mana | | Agent | | Medicaid Cost | | . · <u></u> | ning and Fin | ance |
| Permanent File | | | | | 7 | | | |
| For Inf | ormation Only | | | 2 | _ | > | | |
| | nge in Rate | | | | Management (Management (Management (Management (Management (Management (Management (Management (Management (Ma | س | | |
| Hor | ne Office: | Life Care Centers Of America | | | | | | |
| | | 3570 NW Keith Street | • | | | | | |

Cleveland, TN 37312



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| LIFE CARE | CENTER OF O | RANGE PARK | Provider Number: 0 284289-00 | | | -00 |
|---|--|---------------------------------|------------------------------|-------------------------------|--|-------------|
| 2145 KINGSI | LEY AVE | | Date: | | Rate Rate Date 76.22 176.26 1/1/2 23.83 323.87 1/1/2 | |
| ORANGE PA | RK, FL 32073 | | Fiscal Year End: | | 7/31/201 | 1 |
| | | | Audit Status: | | Unaudite | ed |
| Provider T | vpe: | | | | | |
| | ~ . | | | Current | New | Effective |
| | | | | Rate | Rate | <u>Date</u> |
| Nursing Ho | ome Sing | le Level | | <u>176.22</u> | <u>176.26</u> | 1/1/2012 |
| | Leve | el H: Aids | | 323.83 | 323.87 | 1/1/2012 |
| | | | | • | | |
| Rate | е Туре: | | | | | |
| 1741 | с турс. | | | | | |
| | Interim | | X Prospective | | | |
| | | Total Interim | | tal Prospective | | |
| | | Interim Component | Tot | tal Prospective v | with Interim (| Component |
| | | Settlement based on cost | | | | |
| | | Prior Provider Prospective data | | | | |
| D | 1 | | | | | |
| Basis: | | | Changes: | . 01 | | |
| | Budget | | | ster Change Field Audit NH | 11_146C FV | F |
| X | Unaudited o | Poete | 7/31/2009 | | .11-1 -10C 1 1 | |
| 71 | Field audite | | | | | |
| *************************************** | Desk audite | | | | | : |
| | ************************************** | . * | | | | • |
| Distribution | n: | | 1 | homas Parker | | • |
| Contract Mana | agement / Fiscal | Agent | Medicaid Cost Reir | | | nance |
| Permanent File | _ | | - 1 | | | |
| | formation Only | : | | | | |
| | ange in Rate | | | - 0 | | |
| Ho | me Office: | Life Care Centers Of America | | | | |
| 110. | ~ | 3570 NW Keith Street | | | | |
| * | , | Cleveland, TN 37312 | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| LIFE CARE CENTER OF ORANGE PARK | | | Provid | der Numbe | er: | | 0 284289- | -00 | |
|---------------------------------|---------------|--|----------|-----------|--------------|--------------|-----------------------|--------------------|--------------------------|
| 2145 KINGSLEY | AVE | | | Date: | | ****** | 5/5/2014 7/31/2011 | | |
| ORANGE PARK, | FL 32073 | | | Fiscal | Year End | | | | |
| | | | - | Audit | Status: | | | Unaudite | ed |
| Provider Type | : | | | | | Curre Rat | | New <u>Rate</u> | Effective <u>Date</u> |
| Nursing Home | Singl | e Level | | | | <u>181.</u> | | 181.31 | 7/1/2012 |
| rursing frome | Jingi | e Ecter | | | | 101. | <u>- 1</u> | 101101 | 77772012 |
| | Level | H: Aids | | | | 330.4 | <u>48</u> | 330.52 | 7/1/2012 |
| | | | | | | | | | |
| Rate Ty | ype: | | | | | | | | |
| | | | • | | | | | | |
| In | terim | | X | | pective | | | | |
| | · , | Total Interim | | | | otal Prospec | | | _ |
| | • | Interim Component | | | To | otal Prospec | tive w | vith Interim (| Component |
| | | Settlement based on cost | | | | | | | |
| - | | Prior Provider Prospective data | | | | | | | |
| Basis: | | | Chan | iges: | 1 | | | | |
| | | | | | Rate Sem | ester Chang | ge | | |
|] | Budget | | <u> </u> | | | | it NH | 11-146C FYI | Ε . |
| X | Unaudited co | osts | | | 7/31/2009 | 9 | | | |
| | Field audited | | | | | | | | |
| | Desk audited | costs | | | | | | | |
| | | • | | | | | | | |
| Distribution: | | | | | | Thomas Pa | ırker | | |
| Contract Managem | ent / Fiscal | Agent | N | 1edicai | d Cost Rei | mbursemer | it Plan | ning and Fin | ance |
| Permanent File | | | | _ | | | \neg | | |
| For Inform | ation Only | | - C | | \leftarrow | 7 | 7 | | |
| No Change | in Rate | | | | | | | | |
| Home (| Office: | Life Care Centers Of America 3570 NW Keith Street | | | | | | | |

Cleveland, TN 37312



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| LIFE CARE O | CENTER OF OR | ANGE PARK | Provider Number: 0 284289-00 | | 00 | | | | |
|----------------|---------------------------------------|---------------------------------|------------------------------|-----------------|----------|---------------|----------------|-------------|--|
| 2145 KINGSI | LEY AVE | | | Date: | | | 5/5/2014 | | |
| ORANGE PA | RK, FL 32073 | | | Fiscal Year En | nd: | 7/31/2011 | | | |
| | | | | Audit Status: | | | Unaudite | ed | |
| Provider T | ype: | | | | | - | | | |
| | | | | | | Current | New | Effective | |
| | | | | | | Rate | Rate | <u>Date</u> | |
| Nursing Ho | ome Single | e Level | | | | <u>183.32</u> | <u>183.36</u> | 1/1/2013 | |
| | Level | H: Aids | | | | <u>334.13</u> | 334.17 | 1/1/2013 | |
| | | | | | | | | | |
| | | | | | | | | | |
| Rate | e Type: | | | | | | | ٠. | |
| | Interim | | X | Prospective | | | | | |
| | | Total Interim | | X^ | Total Pr | ospective | | | |
| | · · · · · · · · · · · · · · · · · · · | Interim Component | | - | Total Pr | ospective v | vith Interim (| Component | |
| | | Settlement based on cost | | | | | | | |
| | | Prior Provider Prospective data | | | | | | | |
| Basis: | | | Chan | TOS! | | | | | |
| Dasis. | | | Chan | Rate Se | mester i | Change | | | |
| | Budget | | <u>x</u> | | | _ | 11-146C FYI | 3 | |
| X | Unaudited co | osts | | 7/31/20 | | | | | |
| | Field audited | costs | | | | | | | |
| | Desk audited | costs | | | | | | | |
| | | | | | | * | | | |
| Distribution | <u>1:</u> | | | | Thom | as Parker | | | |
| Contract Mana | gement / Fiscal A | Agent | N | ledicaid Cost R | | | nning and Fin | ance | |
| Permanent File | ; | | | - | 7 | | | | |
| For Int | formation Only | | | | | \sim | | | |
| No Cha | inge in Rate | | | | (| | | | |
| Но | me Office: | Life Care Centers Of America | | | | | | | |
| | | 3570 NW Keith Street | | | | | | | |
| | | Cleveland, TN 37312 | | | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| LIFE CARE CENTER OF ORANGE PARK | | | | Provi | der Nun | nber: | | 0 284289-00 | | |
|---------------------------------|---|---------------------------------|------|--------|-------------|--------|---------------|---------------|-----------------|--|
| 2145 KINGSL | LEY AVE | | | Date: | | | 5/5/2014 | | | |
| ORANGE PA | RK, FL 32073 | | | Fiscal | l Year E | ind: | | 7/31/2012 | | |
| | | | | Audit | Status: | | | Unaudite | ed | |
| Provider Ty | vpe: | | | | | | | | | |
| | / F | | | | | | Current | New | Effective | |
| | | | | | | | Rate | Rate | Date | |
| Nursing Ho | me Singl | e Level | | | | | <u>185.19</u> | <u>185.24</u> | <u>7/1/2013</u> | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Rate | туре: | | | | | | | | | |
| | Interim | | х | Pros | pective | | | | | |
| | _ mem | Total Interim | | 1 103 | X | Total | Prospective | | | |
| | *************************************** | Interim Component | | | | • | Prospective w | ith Interim (| Component | |
| | | Settlement based on cost | | | ***** | • | | | | |
| | | Prior Provider Prospective data | | | | | | | | |
| Basis: | | | Cha | nges: | 7 | | | | | |
| D4313. | | | Cine | .ges. | J Rate S | emeste | r Change | | | |
| | Budget | | | X | _ | | eld Audit NH | [1-146C FY] | Е | |
| X | Unaudited co | osts | | | 7/31/2 | | | | | |
| | Field audited | costs | | | | | | | . ' | |
| | Desk audited | costs | | | | | | | | |
| - | | | | | | | | | | |
| Distribution | 1: | | | | | The | mas Parker | | | |
| | — gement / Fiscal A | Agent | | Medica | id Cost | | ursement Plan | ning and Fin | ance | |
| Permanent File | _ | | | | ا المحل | | | ning und 1 in | anoc | |
| | ormation Only | | سسب | \geq | C | 7 - | \mathcal{N} | | | |
| | nge in Rate | | | _ | | - | O | | | |
| Hor | me Office: | Life Care Centers Of America | | | | | | | | |
| | | 3570 NW Keith Street | | | | | | | | |
| | | Cleveland, TN 37312 | | | | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| LIFE CARE CENTER OF ORANGE PARK | Pro | vider Number: | 0 284289 | 0 284289-00 | | | |
|---------------------------------|---------------------------|--|----------|---|----------------------------|-------------------------------------|--------------------------------|
| 2145 KINGSI | LEY AVE | | Date | e: | 5/5/2014 7/31/2013 | | |
| ORANGE PA | RK, FL 32073 | | Fisc | al Year End: | | | |
| | | | Auc | lit Status: | | Unaudit | ed |
| Provider Ty Nursing Ho | | le Level | | | Current <u>Rate</u> 194.36 | New <u>Rate</u> 194.40 | Effective <u>Date</u> 1/1/2014 |
| Rate | e Type: | | | | | | |
| | _ Interim | Total Interior | Pro | spective | Danamatina | | |
| | | Total Interim Interim Component | | | Prospective v | with Interim (| ~amnanant |
| | | Settlement based on cost | | Total | . Prospective v | viin mienm (| Component |
| | | Prior Provider Prospective data | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Basis: | | | Changes | : | | | |
| | | | | Rate Semest | - | | |
| | Budget | | X | $- Effects of Frozensia - \frac{27}{31/2009}$ | ield Audit NH | 11-146C FY | E . |
| X | Unaudited of | | • | 1/31/2009 | | | |
| | Field audite Desk audite | | | | | | |
| | Desk addite | a costs | | | | | |
| Distribution | n: | | | Th | omas Parker | | |
| Contract Mana | | Agent | Medic | caid Cost Reimb | | | ance |
| Permanent File | - | - | 1710UIC | and Cost Reline | on someth i lai | | .u.ive |
| | formation Only | | | - | | | |
| | inge in Rate | | | | ما | | |
| Ног | me Office: | Life Care Centers Of America 3570 NW Keith Street | | | | | |

Cleveland, TN 37312



| Ponce Plaza Nursing & Rehat | Center | | | Provider Number: | 0 308251-00 |
|-----------------------------|--------------------------------|---|---|------------------------|-------------------|
| 355 SW 12th Avenue | | | | Date: | 1/16/2014 |
| Miami FL 33130 | | | | Fiscal Year End: | 1/31/2007 |
| | | | | Audit Status: | Unaudited [3] |
| Provider Type: | | | | | |
| | | (| Current | New | Effective |
| | | ******** | Rate | Rate | Date |
| Nursing Home Sing | gle Level | | 196.02 | <u>196.03</u> | 7/1/2007 |
| Level | H: Aids | | 327.96 | 327.97 | 7/1/2007 |
| | | | | | |
| Rate Type : | | | | | |
| Interim | | X | Prospectiv | ve | |
| Total Inte | erim | *************************************** | X | Total Prospective | |
| Interim C | Component | | | Prospective Adjusted f | for New Costs |
| Settlemen | nt based on costs | | | Total Prospective with | Interim Component |
| Prior Pro | vider Prospective data | | - | | |
| Basis: | | Changes: | | | AL CALLERY |
| Budget | | | Licensur | e Rating Change | |
| X Unaudited costs | | | | d Customary Limitation | n |
| Field audited costs | | | | ate limitation change | |
| Field audit - interim | portion | | FRVS C | hange | |
| Desk audited costs | | <u> </u> | Effects o | of FA NH04-100C for | prior prov 221805 |
| Desk audit - Interim | | | | nester Change | |
| Desk Audit - Prospe | ctive portion | | On FRV | [2] as of 04/21/2000 | |
| Distribution: | | 7 | 7 | Thomas Parker | |
| Contract Management / F | iscal Agent | Med | icaid Cos | t Reimbursement Plann | ning and Finance |
| Permanent File | | | | | |
| For information On | | | | | |
| No Change in Rate | | | | | |
| Home Office: | lebrew Home Management Ser | vices | ~ | | |
| St | teve Beaujon | | | | |
| 18 | 800 NE 168th Street, Suite 200 | | | | |
| M | liami Beach FL 33162 | | | | |
| | | | | | |



| Ponce Plaza Nursing & Re | hab Center | | | Provider Number: | 0 308251-00 |
|---------------------------|--|------------|-----------------|------------------------|-------------------|
| 355 SW 12th Avenue | | | | Date: | 1/16/2014 |
| Miami FL 33130 | | | | Fiscal Year End: | 1/31/2007 |
| | | | | Audit Status: | Unaudited [3] |
| Provider Type: | | _ | Current Rate | New Rate | Effective Date |
| Nursing Home Si | ngle Level | _ | 194.09 | <u> 194.10</u> _ | 1/1/2008 |
| Le | vel H: Aids | . <u>-</u> | 328.09 | 328.10 | 1/1/2008 |
| | | | | | |
| Rate Type: | | | | | |
| Interim | | X | Prospectiv | e | |
| Total 1 | Interim | | X | Total Prospective | |
| Interin | n Component | | | Prospective Adjusted f | for New Costs |
| Settlen | nent based on costs | | | Total Prospective with | Interim Component |
| Prior P | rovider Prospective data | | | | |
| Basis: | | Changes | | | |
| Dudget | : | 1 | Licensure | Rating Change | |
| Budget X Unaudited costs | : | | _ | l Customary Limitation | n |
| Field audited cos | ts | ! | _ | ite limitation change | |
| Field audit - inter | rim portion | | FRVS Ch | ange | |
| Desk audited cost | SS | <u> X</u> | Effects of | f FA NH04-100C for | prior prov 221805 |
| Desk audit - Inter | | | | ester Change | |
| Desk Audit - Pros | spective portion | | On FRV | [2] as of 04/21/2000 | |
| Distribution: | (T) | | | Thomas Parker | |
| Contract Management | / Fiscal Agent | Me | dicaid Cost | Reimbursement Plann | ing and Finance |
| Permanent File | 0.1 | | | | |
| For information | | | | | |
| No Change in R | ate | | | | |
| Home Office: | Hebrew Home Management Ser | rvices | | | |
| | Steve Beaujon 1800 NE 168th Street, Suite 200 |) | | 1 | |
| | Miami Beach FL 33162 | | | | |



| Ponce Plaza Nursing & Ro | ehab Center | | | Provider Number: | 0 308251-00 |
|---|--|---------------------------------------|------------------------|-------------------------------------|-------------------|
| 355 SW 12th Avenue | | | | Date: | 1/16/2014 |
| Miami FL 33130 | | | | Fiscal Year End: | 1/31/2007 |
| | | | | Audit Status: | Unaudited [3] |
| Provider Type: | | | | Audit Status: | Onaudited [3] |
| riovidei Type. | | | Current | New | Effective |
| | | | Rate | Rate | Date |
| Nursing Home S | ingle Level | | 195.81 | <u>195.83</u> _ | 7/1/2008 |
| L | evel H: Aids | | 332.09 | 332.11 | 7/1/2008 |
| Rate Type: | | | • | | |
| Interim | | x | Prospective | e | |
| Total | Interim | | <u>X</u> : | Total Prospective | |
| Interi | | | Prospective Adjusted f | | |
| *************************************** | ment based on costs | | | Total Prospective with | Interim Component |
| Prior | Provider Prospective data | | | | |
| Basis: | | Changes: | | | |
| Budget | | * * * * * * * * * * * * * * * * * * * | Licensure | Rating Change | |
| X Unaudited costs | | | | Customary Limitation | n |
| Field audited co | | | | te limitation change | |
| Field audit - inte | erim portion | | FRVS Ch | ange | |
| Desk audited co | | X | | FA NH04-100C for | prior prov 221805 |
| Desk Audit - Pro | erim Portion ospective portion | | | ester Change 2] as of 04/21/2000 | |
| Distribution: | - Portion | \sim | 2 | Thomas Parker | |
| Contract Managemen | t / Fiscal Agent | | 0 | | * *** |
| Permanent File | · | Med | icaid Cost | Reimbursement Plann | ing and Finance |
| For information | o Only | | | | |
| No Change in I | - | | | | |
| Home Office: | Hebrew Home Management Ser | rvices | | - | |
| Home Office. | Steve Beaujon 1800 NE 168th Street, Suite 200 Miami Beach FL 33162 | | | | |
| | | | | | |



V7.018.1.2:HDJXX

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

| 355 SW 12th Avenue Miami FL 33130 Provider Type: | Current Rate 188.96 | Date: Fiscal Year End: Audit Status: New Rate 188.98 | 1/16/2014 1/31/2008 Unaudited [3] Effective Date |
|---|---|---|--|
| | Rate 188.96 | Audit Status: New Rate | Unaudited [3] Effective Date |
| Provider Type: | Rate 188.96 | Audit Status: New Rate | Unaudited [3] Effective Date |
| Provider Type: | Rate 188.96 | New Rate | Effective Date |
| Trovinsia Type. | Rate 188.96 | Rate | Date |
| | 188.96 | | |
| - | | 188.98 | |
| Nursing Home Single Level | | | 1/1/2009 |
| Level H: Aids | 327.31 | 327.33 | 1/1/2009 |
| Rate Type: | | | |
| | D | | |
| InterimX Total Interim | Prospective X T | | |
| Interim Component | *************************************** | otal Prospective rospective Adjusted f | for New Costs |
| Settlement based on costs | | otal Prospective with | |
| Prior Provider Prospective data | | our respective with | |
| | | 1 | |
| Basis: Changes | | | |
| P. 1 | Licensure | Rating Change | |
| Budget X Unaudited costs | | Customary Limitation | n |
| Field audited costs | | e limitation change | |
| Field audit - interim portion | FRVS Cha | _ | |
| Desk audited costs X | - Effects of | FA NH04-100C for | prior prov 221805 |
| Desk audit - Interim Portion | | ster Change | • |
| Desk Audit - Prospective portion | On FRV [2 | 2] as of 04/21/2000 | |
| Distribution: | 76 | Thomas Parker | |
| Contract Management / Fiscal Agent | edicaid Cost I | Reimbursement Plann | ning and Finance |
| Permanent File | | | |
| For information Only | | | |
| No Change in Rate | | | |
| Home Office: Hebrew Home Management Services | | THE PERSONNEL PROPERTY OF THE ASSESSMENT OF THE ST | |
| Steve Beaujon 1800 NE 168th Street, Suite 200 | | i | |
| Miami Beach FL 33162 | | : | |

Report Calculated: 1/16/2014 Report Printed: 1/16/2014 Book:0 ID:482033082512009010120140116165328



| Ponce Plaza Nursing & R | Lehab Center | | | Provider Number: | 0 308251-00 |
|--|--|----------|--|--|-------------------|
| 355 SW 12th Avenue | | | | Date: | 1/16/2014 |
| Miami FL 33130 | | | | Fiscal Year End: | 1/31/2008 |
| | | | | Audit Status: | Unaudited [3] |
| Provider Type: | | • | Current Rate | New Rate | Effective Date |
| Nursing Home S | Single Level | | 173.12 | 173.13 | 3/1/2009 |
| 1 | evel H: Aids | _ | 311.47 | 311.48 | 3/1/2009 |
| Inter Settle | I Interim im Component ement based on costs Provider Prospective data | X | I | e Total Prospective Prospective Adjusted to Total Prospective with | |
| Basis: | | Changes: | | | |
| Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int Desk Audit - Pr | erim portion osts | X | Usual and Target Ra FRVS Ch Effects of Rate Seme | Rating Change Customary Limitation te limitation change ange FA NH04-100C for ester Change 2] as of 04/21/2000 | |
| Distribution: | | | 5 | Thomas Parker | |
| Contract Managemer Permanent File For information No Change in | n Only | Med | licaid Cost | Reimbursement Plann | ning and Finance |
| 140 Change III | | | | | |
| Home Office: | Hebrew Home Management Ser Steve Beaujon 1800 NE 168th Street, Suite 200 Miami Beach FL 33162 | | | | |



| Ponce Plaza Nursing & Rehab Center | | | Provider Number: | 0 308251-00 |
|---|---------|---|--|--|
| 355 SW 12th Avenue | | | Date: | 1/16/2014 |
| Miami FL 33130 | | | Fiscal Year End: | 1/31/2008 |
| | | | Audit Status: | Unaudited [3] |
| Provider Type: | | | | |
| | | Current Rate | New Rate | Effective Date |
| Nursing Home Single Level | _ | 211.87 | 211.89 | 4/1/2009 |
| Level H: Aids | _ | 350.22 | 350.24 | 4/1/2009 |
| Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data | X | | e Total Prospective Prospective Adjusted t Total Prospective with | |
| Basis: | Changes | | | |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion | X | Usual and Target Ra FRVS Ch Effects of Rate Sem | e Rating Change I Customary Limitation ate limitation change hange FFA NH04-100C for ester Change [2] as of 04/21/2000 | |
| Distribution: | | 7/ | Thomas Parker | ne committe de la com |
| Contract Management / Fiscal Agent | Me | edicaid Cost | Reimbursement Plann | ing and Finance |
| Permanent File | | | | - |
| For information Only | | | | |
| No Change in Rate | | | | |
| Home Office: Hebrew Home Management Steve Beaujon 1800 NE 168th Street, Suite 20 Miami Beach FL 33162 | | | : | |



| Ponce Plaza Nursing & | Rehab Center | | | Provider Number: | 0 308251-00 |
|--|---|------------------|---|---|-------------------|
| 355 SW 12th Avenue | | | | Date: | 1/16/2014 |
| Miami FL 33130 | | | | Fiscal Year End: | 1/31/2008 |
| | | | | Audit Status: | Unaudited [3] |
| Provider Type: | · | | rent ate | New Rate | Effective Date |
| Nursing Home | Single Level | | 7.94 | 217.95 | 7/1/2009 |
| | Level H: Aids | 35 | 8.29 | 358.30 | 7/1/2009 |
| Into | tal Interim erim Component tlement based on costs or Provider Prospective data | X Pro | | e Fotal Prospective Prospective Adjusted t Fotal Prospective with | |
| Basis: | | hanges: | | | |
| Desk audited of Desk audit - In | costs nterim portion costs | U: Ta Fl X Ei Ra | sual and arget Ra RVS Ch fects of ate Sem | Rating Change I Customary Limitation ate limitation change lange FFA NH04-100C for ester Change 2] as of 04/21/2000 | |
| Distribution: | | ~ | X | Thomas Parker | # A |
| Contract Managemer Permanent File For informati No Change in | ion Only | Medica | id Cost | Reimbursement Plann | ing and Finance |
| Home Office: | Hebrew Home Management Servic Steve Beaujon 1800 NE 168th Street, Suite 200 Miami Beach FL 33162 | es | | | |



| Ponce Plaza Nursing & Rehab Center | | | Provider Number: | 0 308251-00 | | |
|--|--|-----------------|------------------------|-------------------|--|--|
| 355 SW 12th Avenue | | | Date: | 1/16/2014 | | |
| Miami FL 33130 | | | Fiscal Year End: | 1/31/2009 | | |
| | | | Audit Status: | Unaudited [3] | | |
| Provider Type: | • | Current Rate | New Rate | Effective Date | | |
| Nursing Home Single Level | | 217.30 | 217.32 | 1/1/2010 | | |
| Level H: Aids | | 359.22 | 359.24 | 1/1/2010 | | |
| Data Type (| | | | | | |
| Rate Type: | | | | | | |
| Interim | X | Prospective | | | | |
| Total Interim | | | Total Prospective | | | |
| Interim Component | | | Prospective Adjusted | | | |
| Settlement based on costs | | | Total Prospective with | Interim Component | | |
| Prior Provider Prospective data | | | | | | |
| Basis: | Changes: | | | | | |
| i | : | | | | | |
| Budget | | | Rating Change | | | |
| Unaudited costs | | | Customary Limitatio | n | | |
| Field audited costs | | _ | te limitation change | | | |
| Field audit - interim portion | | FRVS Ch | ~ | | | |
| Desk audited costs Desk audit - Interim Portion | X Effects of FA NH04-100C for prior prov 221805 Rate Semester Change | | | | | |
| Desk Audit - Prospective portion | | | 2] as of 04/21/2000 | | | |
| Distribution: | | | Thomas Parker | | | |
| Contract Management / Fiscal Agent | | Jippid Cost | | ning and Firence | | |
| Permanent File | Med | icaid Cost | Reimbursement Plant | ing and rmance | | |
| For information Only | | | | | | |
| No Change in Rate | | | | | | |
| Home Office: Hebrew Home Management Ser | rvices | | | | | |
| Steve Beaujon 1800 NE 168th Street, Suite 200 Miami Beach FL 33162 | | | ř. | | | |



| Ponce Plaza Nursing & Rehab Center | nce Plaza Nursing & Rehab Center Provider Number: 0 30 | | | | |
|---|--|-------------------------|--|--|--|
| 355 SW 12th Avenue | Date: 1/16/2014 | | | | |
| Miami FL 33130 | Fiscal Year End: 1/31/20 | | | | |
| | Audit Status: | Unaudited [3] | | | |
| Provider Type: Nursing Home Single Level | Current New Rate Rate 227.96 227.98 | Effective Date 7/1/2010 | | | |
| Level H: Aids | 371.30 371.32 | 7/1/2010 | | | |
| Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data | X Prospective X Total Prospective Prospective Adjusted Total Prospective with | | | | |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion | Licensure Rating Change Usual and Customary Limitatio Target Rate limitation change FRVS Change X Effects of FA NH04-100C for Rate Semester Change On FRV [2] as of 04/21/2000 | | | | |
| Distribution: | Thomas Parker | 2 P 200000000 107771000 | | | |
| Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate | Medicaid Cost Reimbursement Plans | ning and Finance | | | |
| Home Office: Hebrew Home Management Services Steve Beaujon 1800 NE 168th Street, Suite 200 Miami Beach FL 33162 | s . | | | | |



| Ponce Plaza Nursing & Rehab Center | | Provider Number: | 0 308251-00 | |
|---|---|--|------------------|--|
| 355 SW 12th Avenue | | Date: | 1/16/2014 | |
| Miami FL 33130 | • | Fiscal Year End: | 1/31/2010 | |
| | | Audit Status: | Unaudited [3] | |
| Provider Type: | | | | |
| •• | Current | New | Effective | |
| Number Home Cincle Level | Rate | Rate | Date | |
| Nursing Home Single Level | 230.88 | | 1/1/2011 | |
| Level H: Aids | 375.74 | 375.75 | 1/1/2011 | |
| Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs | | e Total Prospective Prospective Adjusted t Total Prospective with | | |
| Prior Provider Prospective data | | | | |
| Basis: | Changes: | | | |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion | Usual and Target Ra FRVS Ch X Effects of Rate Sem | Rating Change I Customary Limitation the limitation change transpose FFA NH04-100C for ester Change [2] as of 04/21/2000 | | |
| Distribution: | 7 | Thomas Parker | | |
| Contract Management / Fiscal Agent | Medicaid Cost | Reimbursement Plann | ning and Finance | |
| Permanent File | Wednesday Cook | | mig and I manee | |
| For information Only | | | | |
| No Change in Rate | | | | |
| Home Office: Hebrew Home Management Ser | vices | | | |
| Steve Beaujon 1800 NE 168th Street, Suite 200 Miami Beach FL 33162 | | : | | |



| Ponce Plaza Nursing & | Rehab Center | | | Provider Number: | 0 308251-00 | | |
|-----------------------|-------------------------------|------------|------------------------------------|------------------------|-------------------|--|--|
| 355 SW 12th Avenue | 355 SW 12th Avenue | | | Date: | 1/16/2014 | | |
| Miami FL 33130 | | | | | 1/31/2010 | | |
| | | | | Audit Status: | Unaudited [3] | | |
| Provider Type: | Single I and | - | Current Rate | New Rate | Effective Date | | |
| Nursing Home | Single Level | | 222.53 | | 7/1/2011 | | |
| | Level H: Aids | | 368.73 | 368.74 | 7/1/2011 | | |
| D . E | | | | | | | |
| Rate Type: | | | | | | | |
| Interim | | X | Prospectiv | e | | | |
| Tot | X Total Prospective | | | | | | |
| | erim Component | | Prospective Adjusted for New Costs | | | | |
| | tlement based on costs | | | Fotal Prospective with | Interim Component | | |
| Pric | or Provider Prospective data | | | | v | | |
| Basis: | | Changes | : | | | | |
| Budget | ; | ■ rest As | Licensure | Rating Change | | | |
| X Unaudited cos | ets | ! | | Customary Limitation | n | | |
| Field audited | | 1 | | te limitation change | | | |
| Field audit - in | nterim portion | | FRVS Ch | ange | | | |
| Desk audited | costs | : X | Effects of | FA NH04-100C for | prior prov 221805 | | |
| Desk audit - It | | | | ester Change | | | |
| Desk Audit - I | Prospective portion | | On FRV [| 2] as of 04/21/2000 | | | |
| <u>Distribution:</u> | | | TO | Thomas Parker | | | |
| Contract Manageme | ent / Fiscal Agent | M | edicaid Cost | Reimbursement Plann | ning and Finance | | |
| Permanent File | | | | | | | |
| For informati | on Only | | | | | | |
| No Change in | n Rate | | | | | | |
| Home Office: | Hebrew Home Management | Services | | , | | | |
| | Steve Beaujon | | | : | | | |
| | 1800 NE 168th Street, Suite 2 | .00 | | | | | |
| | Miami Beach FL 33162 | | | | | | |



| Ponce Plaza Nursing & | Rehab Center | | | Provider Number: | 0 308251-00 | |
|-----------------------------|--|---|---|---|-------------------------|--|
| 355 SW 12th Avenue | Avenue Date: 1/16/20 | | | | 1/16/2014 | |
| Miami FL 33130 | | | | Fiscal Year End: | 1/31/2011 | |
| | | | | Audit Status: | Unaudited [3] | |
| Provider Type: Nursing Home | Single Level | | Current Rate 224.49 | New Rate 224.50 | Effective Date 1/1/2012 | |
| Autsing Home | Single Level | *************************************** | | | 1/1/2012 | |
| | Level H: Aids | | 372.10 | 372.11 | 1/1/2012 | |
| | | | | | | |
| Rate Type: | | | | | | |
| Interim | | X | Prospective | 2 | | |
| To | tal Interim | X Total Prospective | | | | |
| Inte | erim Component | Prospective Adjusted for New Costs | | | | |
| Set | tlement based on costs | | 1 | otal Prospective with | Interim Component | |
| Pric | or Provider Prospective data | | | | | |
| Basis: | 1 | Changes: | - | | | |
| Don don at | i | | Licensure | Rating Change | | |
| Budget X Unaudited cos | ete . | <u> </u> | | Customary Limitation | 1 | |
| Field audited | | | | te limitation change | 1 | |
| | nterim portion | | FRVS Ch | _ | | |
| Desk audited | - | . X | Effects of | FA NH04-100C for | prior prov 221805 | |
| Desk audit - In | | | Rate Semester Change | | | |
| Desk Audit - I | Prospective portion | | On FRV [| 2] as of 04/21/2000 | | |
| Distribution: | | | 1 | Thomas Parker | | |
| Contract Manageme | ent / Fiscal Agent | Med | licaid Cost | Reimbursement Plann | ing and Finance | |
| Permanent File | | | | | 6 | |
| For informati | ion Only | | | | | |
| No Change in | n Rate | | | | | |
| Home Office: | Hebrew Home Management Se | rvices | AA S TE THE MEMBER TO THE | error december - A MANAGARA - The procession of the | | |
| nome onico. | Steve Beaujon 1800 NE 168th Street, Suite 200 Miami Beach FL 33162 | 1 | | | | |
| | | | | | | |



| Ponce Plaza Nursing & Rehab Center | Nursing & Rehab Center Provider Number: 0 308 | | | | |
|---|---|--|--|-------------------------|--|
| 355 SW 12th Avenue | Date: 1/16/201 | | | | |
| fiami FL 33130 Fiscal Year End: | | | | 1/31/2011 | |
| | | Audit Statu | | Unaudited [3] | |
| Provider Type: Nursing Home Single Level | | Current Rate 231.64 | New Rate | Effective Date 7/1/2012 | |
| Nursing Home Single Level | _ | 231.04 | | //1/2012 | |
| Level H: Aids | _ | 380.85 | 380.86 | 7/1/2012 | |
| Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data | X | I | e Prospective Prospective Adjusted to Prospective with | | |
| Basis: | Changes: | | | | |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion | X | Usual and Target Ra FRVS Ch Effects of Rate Seme | Rating Change Customary Limitation te limitation change ange FA NH04-100C for ester Change 2] as of 04/21/2000 | | |
| Distribution: | tom u salkr. \ Millerhillanonnonnonnonnon | フイン | Thomas Parker | | |
| Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate | | dicaid Cost | Reimbursement Plann | ning and Finance | |
| Home Office: Hebrew Home Management Season Steve Beaujon 1800 NE 168th Street, Suite 20 Miami Beach FL 33162 | | | ! | | |



| Ponce Plaza Nursing & Reh | | | Provider Number: | 0 308251-00 | |
|---|--|----------|--|--|--|
| 355 SW 12th Avenue | Date: 1/10/ | | | | |
| Miami FL 33130 | | | Fiscal Year End: | 1/31/2012 | |
| | | | | Audit Status: | Unaudited [3] |
| Provider Type: Nursing Home Sin | igle Level | | Current Rate 233.20 | New Rate 233.22 | Effective Date 1/1/2013 |
| Lev | el H: Aids | | 384.01 | 384.03 | 1/1/2013 |
| Settlem | nterim Component ent based on costs ovider Prospective data | X | P | otal Prospective rospective Adjusted fotal Prospective with | |
| Basis: | 1 | Changes: | | | |
| Budget X Unaudited costs Field audited costs Field audit - interi Desk audited costs Desk audit - Interi Desk Audit - Prosp | m portion m Portion | X | Usual and Target Rat FRVS Cha Effects of Rate Seme | Rating Change Customary Limitation e limitation change ange FA NH04-100C for particular change 2] as of 04/21/2000 | |
| Distribution: | | | 7 | Thomas Parker | The second secon |
| Contract Management / Permanent FileFor information CNo Change in Ra | Only te | | licaid Cost I | Reimbursement Plann | ing and Finance |
| Home Office. | Hebrew Home Management Ser Steve Beaujon 1800 NE 168th Street, Suite 200 Miami Beach FL 33162 | vices | | : | |



| Ponce Plaza Nursing & Rehab Center | | | Provider Number: | 0 308251-00 |
|---|--|--|---|-------------------------|
| 355 SW 12th Avenue | | | Date: | 1/16/2014 |
| Miami FL 33130 | | | Fiscal Year End: | 1/31/2012 |
| | | | Audit Status: | Unaudited [3] |
| Provider Type: Nursing Home Single Level | ĺ | Current Rate 239.47 | New Rate 239.48 | Effective Date 7/1/2013 |
| Rate Type: InterimTotal InterimInterim Componen | X | | otal Prospective | for New Costs |
| Settlement based or | | | otal Prospective with | |
| Prior Provider Pros | | | , | |
| Basis: | Chang | ges: | | |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion | ion | Usual and Target Rat FRVS Cha Effects of Rate Seme | Rating Change Customary Limitation e limitation change inge FA NH04-100C for ster Change as of 04/21/2000 | |
| Distribution: | <u> </u> | 7 | Thomas Parker | |
| Contract Management / Fiscal Agen | nt — | Medicaid Cost I | Reimbursement Plann | ing and Finance |
| Permanent FileFor information OnlyNo Change in Rate | | Madada Coor | | mig und I munoc |
| Steve Beau 1800 NE 16 | ome Management Services jon 68th Street, Suite 200 ch FL 33162 | | | |



| Ponce Plaza Nursing & Rehab Center | | | Provider Number: | 0 308251-00 | |
|--|--|-------------------|-------------------------------------|-------------------|--|
| 355 SW 12th Avenue | | | Date: | 1/16/2014 | |
| Miami FL 33130 | | | Fiscal Year End: | 1/31/2013 | |
| | | | Audit Status: | Unaudited [3] | |
| Provider Type: | | | Tadir States. | Onadico [5] | |
| | • | Current | New | Effective | |
| | | Rate | Rate | Date | |
| Nursing Home Single Level | | 240.96 | | 1/1/2014 | |
| | | | | | |
| | | | | | |
| Rate Type: | | essential (SP 74) | 11/2/ | | |
| Interim | <u> </u> | Prospective | | | |
| Total Interim | X Total Prospective | | | | |
| Interim Component | Prospective Adjusted for New Costs Total Prospective with Interim Component | | | | |
| Settlement based on costs Prior Provider Prospective data | | | total Frospective with | interim Component | |
| | | | | | |
| Basis: | Changes: | | | | |
| Dudget | | Licensure | Rating Change | | |
| Budget X Unaudited costs | | | Customary Limitation | n | |
| Field audited costs | | | te limitation change | | |
| Field audit - interim portion | | FRVS Ch | ange | | |
| Desk audited costs | X | | FA NH04-100C for | prior prov 221805 | |
| Desk audit - Interim Portion Desk Audit - Prospective portion | - | | ester Change 2] as of 04/21/2000 | | |
| Distribution: | | 7 | Thomas Parker | | |
| Contract Management / Fiscal Agent | | | | 1 1 T | |
| Permanent File | Med | iicaid Cost | Reimbursement Plann | ing and rinance | |
| For information Only | | | | | |
| No Change in Rate | | | | | |
| Home Office: Hebrew Home Management Ser | vices | | | | |
| Steve Beaujon | | | | | |
| 1800 NE 168th Street, Suite 200 | | | | | |
| Miami Beach FL 33162 | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| FT. LAUDERI | DALE HEALTH | & REHAB CENTER | | Provider Number: | | 0 321303- | 00 |
|----------------|-------------------|---------------------------------|-----|----------------------------|---------------|----------------|-----------------|
| 2000 EAST CO | OMMERCIAL B | LVD | | Date: | 5/28/2014 | | 4 |
| FORT LAUDE | ERDALE, FL 33 | 308 | | Fiscal Year End: 12/31/201 | | 12 | |
| | | | , | Audit Status: | | Unaudite | ed |
| Provider Ty | /pe: | | | · | | | |
| - | - | | | | Current | New | Effective |
| | | | | | <u>Rate</u> | Rate | <u>Date</u> |
| Nursing Ho | me Single | Level | | | <u>230.42</u> | <u>223.09</u> | <u>1/1/2014</u> |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Rate | Туре: | | | | | | |
| | Interim | | X | Prospective | | | |
| | - | Total Interim | | | Prospective | | |
| | | Interim Component | | Total | Prospective v | with Interim (| Component |
| | | Settlement based on cost | | | | | |
| | | Prior Provider Prospective data | | | | | • |
| Basis: | | | Cha | nges: | | | |
| | - | | | Rate Semest | er Change | | |
| | Budget | | | X Amended C | ost Report FY | E 12/31/2013 | 2 |
| X | Unaudited co | ests | | | | | |
| | Field audited | | | | | | |
| | Desk audited | costs | | | | | |
| | | | | - 0 | | | |
| Distribution | <u>1:</u> | | | | omas Parker | | |
| Contract Mana | gement / Fiscal A | Agent | | Medicaid Cost Reim | | | nance |
| Permanent File | | | | | | <i>5</i> * •- | • |
| For Int | formation Only | | | | | | |
| | inge in Rate | | | | | | |
| | me Office: | | | | | | |